

MEDICAL INFORMATION/RELEASE FORM

(We require one form for every student)

Student Last Name: _____ **Student First Name:** _____

Date of Birth: _____ Grade: _____ Homeroom: _____

Mother/Stepmother/Guardian Name: _____

Employer: _____

Please mark in the box preceding the phone numbers with a 1, 2, or 3 the order of priority to call.
Please write the phone numbers, including area code on the lines.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father/Stepfather/Guardian Name: _____

Employer: _____

Please mark in the box preceding the phone numbers with a 1, 2, or 3 the order of priority to call.
Please write the phone numbers, including area codes on the lines.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Additional Emergency Numbers:

Name:	Relationship to Child:	Telephone:	Cell Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name, Address, Telephone Numbers for Family Physician:

Please list all Allergies (food, environmental, medicines):

Please list all Health Concerns (asthma, bee stings, epilepsy, eczema, diabetes, Crohn's disease, and Celiac disease etc.):

If it becomes necessary to transport my child to a hospital, and in the event I cannot be reached, I authorize the school to take the necessary steps so that medical care can be rendered quickly. In consideration for making these emergency decisions, in my absence, I hereby release and hold harmless the school, its' employees and volunteers from any and all liabilities for events that could occur as a result of this emergency situation.

Parent or Guardian Signature & Date: _____

In the event of an emergency, I consent to my child's receiving any medical treatment deemed necessary by the examining physician.

Parent or Guardian Signature & Date: _____