Medical Release and Information Form

Date: ____________

Student Name:____

Birth Date ___________________ Age______________ Sex _____________

Parents' Names ____

Home Address: ____

Home Phone:____________Cell: _________ Business Phone: _____________

Medical Permission to Treat
I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact:

Name: ____

Relationship:_______________________ Phone:________________________

Family Doctor:______________________ Phone: ________________________

Health Plan Carrier: ____

Policy # ____

Signature__________________________________ **Date** _________________

Medications: My child is taking medication at present. I will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise direction for dosage and frequency of dosage are as follows:

____

____

I grant permission for non-prescription medications (such as throat lozenges, cough syrup, Tylenol, etc.) to be given if appropriate. Please list specific exceptions.

____

____

Signature_______________________________________Date ______________

Specific Medical Information:
Allergic reactions: (medications, foods, plants, insects, etc) ___________________

____

Immunizations**:** Date of last tetanus/diphtheria immunization __________________

Special Medical Conditions**:** (asthma, etc)___________________________________

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____

Medically prescribed diet: ____

____

____

Any physical limitations: ____

____

____

Special medical conditions: ____

____

____

Signature_________________________________ **Date** __________________

3/21/2014