

## Medical Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone number \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If so please explain \_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_

If so please explain \_\_\_\_\_

Other Medical conditions \_\_\_\_\_

\_\_\_\_\_

Health Insurance name \_\_\_\_\_

Policy holders name \_\_\_\_\_

Policy number \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_

Relationship to student \_\_\_\_\_

If your child requires prescription medication, we must adhere to school policy. The medication must be in the original container with the prescription on it.

I authorize the volunteer nurse to administer the following over the counter medications  
:  
Ibuprofen, Acetaminophen, Benadryl, cough drops, Tums, Hydrocortisone, Caladryl,  
Dramamine

As the parent of \_\_\_\_\_, I \_\_\_\_\_ hereby

give permission to seek emergency services and to administer treatment, including

Emergency transportation or hospitalization, for the student listed above in the event  
that

I cannot be reached in an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_