

STUDENT MEDICAL RELEASE FORM 2023-24

I give my permission for _____ to receive
(child(s) Name(s))

medical care in the event of an emergency. I understand that every effort will be made to contact me should an accident occur. My home phone number is _____, my work number is _____.

If you are unable to reach me, please try to contact _____
(emergency contact person)
at _____.
(phone no.)

My child is covered by the following Medical Insurance Program.

(Insurance Provider) _____
(Policy number)

My child _____ is taking medication.
(child's name)

YES ☐ NO ☐ If yes please explain.

My child _____ is allergic to the following medications:
(child's name)

(Signature of Parent or Guardian)

(Date)