

Medical Release Form 2009-2010

(Please detach and return)

As a parent or guardian of _____,
(Name of Student)

I authorize treatment of the above-mentioned student by a qualified physician or nurse in the event the student should require medical treatment. I understand that should a serious or life-threatening medical emergency arise, initial treatment may be rendered by the individual, trained in first aid, if in the opinion of that individual, delay might endanger his/her life, cause disfigurement or undue comfort. On the Medical Information Form I have listed any allergies, ongoing medical treatment or medical problems, which might influence treatment of the student. I will be responsible for charges incurred for the student's treatment. This permission is granted with understanding that except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

Date

(Signature of Parent/Guardian)

Emergency Contact/Phone Number

I give Mr. Joseph Padawan permission to administer these over-the-counter medications. (Check the medications listed below, that you give permission to for us to administer. Please include the dosage you wish for us to give your student.)

Motrin (Ibuprofen) _____ mg

Maalox _____

Tylenol _____ mg

Tums _____

Aspirin _____ mg

Other _____

Robitussin _____

Dramamine _____ tabs

Decongestant _____ tabs
(Sudafed)

Immodium _____ tabs

Date

(Signature of Parent/Guardian)

MEDICAL INFORMATION FORM

Student's name _____

Home address _____

Home telephone number _____ (Area code) _____ (Number)

Student's date of Birth _____

Medical problems or allergies which might influence medical treatment.
(If none, please state "none known"):

If student is under physician's care for ongoing medical treatment, please complete the following:

Medication (s) _____

Condition _____

Physician's name _____

Physician's telephone number _____ (Area Code) _____ (Number)

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PLEASE NOTE: Completion of this section is optional

Name of responsible party _____

Responsible party's employer _____

Insurance carrier _____

Group number _____ Member Number _____