

_____SCHOOLS
HEALTH INFORMATION SHEET

Instructions:

This form will be provided to the doctor or medical personnel to which your child is taken in the event of a medical emergency while on a school sponsored overnight or field trip. Please complete **ALL** sections as accurately as possible.

Student's Name: _____

Home Address: _____

Telephone Number: _____ Date of Birth: _____

Emergency Contacts:

Mother: _____ Telephone: _____

Father: _____ Telephone: _____

Other Contact: _____ Telephone: _____

Family Doctor: _____ Telephone _____

General Information:

1. Food or drug allergies: _____
2. Other allergies: _____
3. Date of last tetanus shot: _____
4. Present medications: _____
5. Chronic medical problems: _____
6. Other items of concern: _____

PARENTAL AUTHORIZATION

In case of medical emergency, in the event I cannot be reached, I authorize _____ Schools, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist, surgeon, or other health care provider.

Date

Parent or Guardian

Health Insurance Company

Policy Number

_____ SCHOOLS
PARENTAL CONSENT AND RELEASE FORM

I, _____ am the parent or guardian
of _____, a minor, who desires to
participate in the following school activities:

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described school activity.

In consideration of the permission granted to my child to participate in the above described activity by (_____) Schools, I release and hold harmless (_____) Schools, its agents, employees, and officers, from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

In witness whereof, I have signed this document on the ____ day of _____, 19__

Parent or Guardian

Address

Telephone Number

Instructions:

1. Please read entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until your are satisfied that you have obtained a complete explanation.
2. Fill in all the blanks.
3. If you have more than one child participating, complete one form per child.