

Medical Information and Emergency Notification Form

Academic Year _____ Student's Date of Birth _____ Grade _____

Student's Last Name _____ First Name _____ Middle Initial _____

I hereby acknowledge that I have received and read the School Medication Procedures. I understand that I am primarily responsible for all medical decisions regarding my child and that under the School Medication Procedures, the administration or self-administration of medication to my child will not be allowed unless I have complied with the requirement of the School Medication Procedures.

Student's Name _____ has the following medical conditions:

In case of emergency involving this student, please contact:

Parent or Guardian Name _____

Daytime Telephone _____ Other Telephone _____

Other Emergency Contact

Other Name _____ Relationship to Student _____

Daytime Phone _____ Other Telephone _____

Other Emergency Contact

Other Name _____ Relationship to Student _____

Daytime Phone _____ Other Telephone _____

Signature of Parent or Guardian _____

Date _____