

Huntsville City Schools
Out of County/Overnight Student Trips Medical Release Form

Student's Name: _____ Date of Birth: _____
 Street Address: _____ City: _____

Parent/Guardian #1 _____	Parent/Guardian #2 _____
Address: _____	Address: _____
Home Phone #: _____	Home Phone #: _____
Phone # @ Work: _____	Phone # @ Work: _____
Employer: _____	Employer: _____
Cell Ph. # or Pager: _____	Cell Ph. # or Pager: _____
Health Insurance: _____	Effective Date: _____
Contract Number: _____	Group Number: _____

If unable to reach parent/guardian, please notify:

Name: _____ Relationship _____
 Home Ph. #: _____ Cell Ph. # or Pager: _____

Student's General Health Information:	
1.	List your child's <i>daily</i> medications: (doses and times of administration)
(1)	_____
(2)	_____
(3)	_____
(4)	_____
2.	List any <i>Emergency and PRN</i> medications OTC or prescribed for your child and the circumstances under which they are to be given.
(1)	_____
(2)	_____
(3)	_____
A completed and signed <i>School Medication Prescriber/Parent Authorization Form 107-11P Appendix A</i> is required for each medication –prescription or over-the-counter (OTC). On file at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	List student's health conditions requiring procedures or medication; i.e. Asthma, Environmental, Seasonal Food allergies (Be specific), Diabetes, Seizures, etc.
(1)	_____
(2)	_____
(3)	_____
4.	An Individual Health Care Plan (IHP) is on file at school <input type="checkbox"/> Yes <input type="checkbox"/> No
IHP is for: _____	
5.	Does your child wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Date of your child's last Tetanus Booster shot: _____
7.	List any health history that may be helpful if your child becomes ill.

Family Physician: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____

Authorization to Treat/Administer Medication:

I hereby authorize medical and/or surgical treatment of: _____ In an emergency, I give permission for decisions to the certified teacher in charge and/or Huntsville City Schools representative.

 Signature of Parent/Guardian Date:

 Signature of Notary Date:

State _____ County _____ Date Commission Expires: _____

* Parent is responsible for updating this form
 *Signature of Parent on this form acknowledges their financial responsibility for medial and dental care when required for their child.