

MEDICAL INFORMATION AND EMERGENCY NOTIFICATION FORM

Academic Year _____

Student's Name (Last, First, Middle Initial)

Date of Birth

Grade

I hereby acknowledge that I have read the School Medication Procedures located on the school's website under the Admissions tab. 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 requirements of the School Medication Procedures.

_____ has the following medical conditions:

Student's Name

In case of an emergency involving this student, please contact:

Parent or Guardian

Daytime telephone

Other Emergency Contact:

Other telephone

Name

Daytime telephone

Relationship to Student

Other telephone

X _____
Signature of Parent or Guardian

Date