Medical Information Form

Parish/School______________________________

Date: ____________________

Student: ______________________________ Date of Birth: ___/___/___/ Age: ___ Sex: _____
(Last Name) (First Name) (Initial)

Address: ______________________________ City: ____________ Zip: _______ Grade ____

Parent/Guardian: ______________________________ Phone: ______________

Other Emergency Contact: ______________________________ Phone: ______________

Permission for Prescribed Medication

Reason for Medication: ______________________________

Name of Medication: ______________________________ Form: tablet/capsule/liquid/inhaler/injection/nebulizer

Other: ______________________________

Instructions (schedule and dose to be given at function: ______________________________

Start date: ____________ End date: ____________ other: ____________

Restrictions and/or important side effects: ______________________________

Special Storage requirements: ______________________________

Student may carry medication: _____yes _____no

Student is both capable & responsible for self-administering medication ____yes ____no

Unsupervised ___Yes-Supervised

Other Information:

Date of last Tetanus Booster: ____________________

List any allergies: ______________________________

____

List any medications being taken at this time: ______________________________

List any medical conditions/pertinent health information we should be aware of: ____________

____

Release:

In case of an emergency I hereby give my permission to transport my child to a hospital for emergency medical or surgical treatment. Payment for medical emergencies is the responsibility of the parents/guardians.

Signature of Parent/Guardian: ______________________________ Date: ______________

Insurance Information:

Insurance Carrier: ______________________________ Policy Number: ____________________

I give permission for (name of child)____________________to receive the above medication at the program according to this medical information form.

Signature: ______________________________ Date: ____________ Relationship: ____________