

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 daily medications: (doses and times of administration)
	(1) _____
	(2) _____
	(3) _____
	(4) _____
2.	List any Emergency and PRN 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 medical and dental care when required for their child.