Must be NOTARIZED

MADSION CITY SCHOOLS
OVERNIGHT OR OUT OF STATE FIELD TRIP FORM
MEDICAL RELEASE FORM

Must be NOTARIZED

Student's Name:_____ Date of Birth:_____

Address:_____ Student Cell #:_____

Parent Guardian Name:_____

Address:_____

Mother Cell#_____ Father Cell#_____
If unable to reach parents, please notify:

Name:_____ Relationship:_____

Phone #:_____ Alternate #:_____

Student's General Health Information

The Madison City School district requires a Medication Release Form signed by a physician for each prescription medication and a Medication Release Form for each over-the-counter medication signed by the student's parent/guardian. List any medications for which a Medication Release Form is already on file in the school office. Additional dosages/times must be noted on a copy of the form filed in the office and that notation must be verified and signed by the student's parent/guardian.

Does the student have any allergies of medication, food, etc. ☐ Yes ☐ No

If "yes", please list allergies:_____

Does the student wear contact lenses? ☐ Yes ☐ No

Does the student have asthma? ☐ Yes ☐ No

If "yes" a Student Asthma Action Plan should be on file in the nurse's office.

Is there any health history that may assist the person in charge if the student should become ill?

_____

_____

Student's Physician:_____ Phone #:_____

Address:_____ Date of last tetanus shot:_____

Insurance Company:_____

Authorization of Treat/Administer Medication:

I hereby authorize medical and/or surgical treatment of_____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Madison City Schools' representative. I also hereby authorize Madison City Schools, or representative thereof, to administer medication to my child, if necessary, as indicated on the Medication Release Form. NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

_____ _____
Signature of Parent/Guardian Date

_____
Signature of Notary

_____ _____
State County

_____
Commission Expire