



2023/2024 CURRENT MEDICAL AND EMERGENCY INFORMATION

Student's Name

Grade

Parent/ Guardian Name

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE #: _____

ALLERGIES/FOOD ALLERGIES: _____

Current Prescribed Medications: _____

Any health conditions resulting in emergency? (Describe) _____

HEALTH CONDITIONS (circle & describe any that apply):

Contact/Glasses Diabetes Asthma Hearing Aids Syndromes Frequent Ear Infections

Kidney Trouble Seizures Arthritis Heart Condition Epi-pen Other: _____

Describe: _____

CONSENT TO MEDICAL TREATMENT OF A MINOR

I, _____ of _____, do hereby state that I am the parent or legal
Parent/Guardian Name City, State
guardian, having legal custody of _____, whose birthdate is _____.
Name of Child Child's Birthdate

I give permission for school personnel or other qualified personnel to give first aid treatment to this student at any event/activity in case of injury. If emergency service involving medical action or treatment is required and the parents or guardians cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Grades 6-12: I give permission for my son/daughter to self-administer over the counter Tylenol, Ibuprofen/Midol or similar medications as needed. I hold Terry Schools harmless for any adverse reactions to any medications taken.

YES, I agree with this statement. NO, I do not agree.

Parent/Guardian Signature

Date