

FORM A

Last Name, First Name, MI

Grade

FOR OFFICE USE ONLY

Medical Information and Emergency Notification Form

Academic Year _____

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

Date of Birth

I hereby acknowledge that I have received and read the School Medication Procedures. I understand that I am primarily responsible for all medical decisions regarding my child and that under the School Medication Procedures, and that 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

Individual

Daytime telephone

Relationship to Student

Other telephone

X _____
Signature of Parent/Guardian

Date