

FIRST AID, MEDICAL AND MEDICATION RELEASE FORM (2020-2021)

Student's Name _____ Grade _____

Health Concerns _____ Allergies _____

EMERGENCY CONTACT and PEOPLE MY CHILD CAN BE RELEASED TO:

Name	Parent/Guardian	Home/Work Phone	Cell Phone
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Name	Parent/Guardian	Home/Work Phone	Cell Phone
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Name	Relationship to Student	Home/Work Phone	Cell Phone
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Name	Relationship to Student	Home/Work Phone	Cell Phone
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FIRST AID PERMISSION:

I grant permission for the Support Room Staff to administer first aid to my child if deemed advisable. YES NO

CONSENT FOR ADMINISTRATION OF HEALTH TREATMENT AND/OR MEDICATION AT SCHOOL

- Parents are urged to provide health treatments and give medication at home and on a schedule other than school, if possible. If it is necessary that treatments and/or medication be provided during school hours, these regulations must be followed. Please note: "Medication" refers to prescription, non-prescription, homeopathic, herbal, vitamin or mineral, cough drops or topical solutions.
- Prescription medication must be prescribed in writing by a physician or other licensed health care provider, and must be renewed at least annually. *Providers complete Part 1 and must sign Part 2.*
- All medication, prescription and non-prescription must be brought to school in the original pharmacy container with a current label showing the name of the student, medication, strength, dosage and time(s) to be given. The parent/guardian or other responsible adult must deliver the medication to school.
- Health treatment supplies will be provided for school use by each student by parent/guardian as needed.
- Parent/guardian written permission is required to administer treatments and medications at school as directed by physician/licenced health care provider, including permission to contact provider as necessary. *Parent/guardian sign Part 2 below.*

PART 1: PHYSICIAN/HEALTHCARE PROVIDER INSTRUCTIONS

TREATMENT/MEDICATION	STRENGTH	DOSAGE	TIME/FREQUENCY	HOME/SCHOOL

PART 2: SIGNATURES

Physician/Provider Print Name _____ Phone _____

Signature _____ Date _____

Parent/Guardian Print Name: _____ Phone _____

Signature _____ Date _____