



EMERGENCY CONTACT / MEDICAL RELEASE FORM 2018-2019

This form is required annually (to be completed by parent/guardian). It is for official use and will not be released to unauthorized persons.

Student: _____ Grade: _____

Male Female Date of Birth: _____

Address: _____

Health History/concerns: _____

Does your child have Asthma? _____ Inhaler required? _____

List any allergies to medications or other? _____

List any prescribed medications taken routinely: _____

Please **circle** medications/ointments that may be given to your child by authorized school personnel:

Tylenol Tums Ibuprofen Cough drops Antibiotic ointment

*Please note the above medication is stocked in the school clinic and will be given only with permission and by labeled medication dosing instructions only.

Permission to treat: Parent/Guardian signature: _____

EMERGENCY CONTACT INFORMATION

Father: _____ Home phone: _____

Cell: _____ Work: _____

Mother: _____ Home phone: _____

Cell: _____ Work: _____

Doctor: _____ Phone: _____

Hospital: _____ Health Insurance: Policy Holder: _____

Name of Insurance Company: _____ Policy # _____

MEDICAL RELEASE

I, the undersigned, do hereby authorize officials of Trinity-Byrnes Collegiate School to contact directly the persons named on this report and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. I give my permission to share the information above with the health care facility/personnel.

In the event parents/guardians, physicians, or other persons named on this report cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

I will not hold Trinity-Byrnes Collegiate School financially responsible for the emergency care and/or transportation of said child.

Signature (Parent/Guardian): _____ Date: _____