

CONFIDENTIAL



MEDICAL INFORMATION AND RELEASE FORM

Student Name _____ Birth Date _____

HEALTH QUESTIONNAIRE

Does your child have a medical diagnosis of which the school needs to be aware?
YES NO

If yes, please list _____

Does your child take any medication on a regular basis or under certain conditions (as needed)? YES NO

If yes, please list medication name, dosage, frequency, purpose (please print information below)

Is your child on a Health Care Plan? YES NO

Is your child on a 504 Plan? YES NO

Does your child have asthma? YES NO

If yes, is your child authorized to self-carry an asthma inhaler? YES NO

Does your child have a seizure disorder? YES NO

Does your child have diabetes? YES NO

Does your child have a diagnosed life threatening allergy? YES NO

If yes, is your child authorized to self-carry an epi-pen? YES NO

Does your child have any food restrictions/sensitivities? YES NO

If yes, please list _____

Please describe type of reaction that could occur with accidental ingestion of substance listed above and plan of action for school personnel. _____

Please provide any other information that you would like us to be aware of regarding the health, safety, and welfare of your son/daughter, including any physical limitations, drug allergies or environmental sensitivities severe enough to cause a reaction.

To the best of my knowledge, my son/daughter has no illness, communicable disease, or physical disability that will interfere with his/her participation in this activity. In case of an accident or other emergency, I authorize Academy District 20 staff to call 911, authorize medical care for this student at the nearest health facility, and to release the medical information disclosed on this form. I understand that the school nurse is responsible for the student's health care needs only during normal school hours.

Parent/Guardian Signature _____

Printed Name _____ Date _____

Student Signature _____

Printed Name _____ Date _____

This completed form will be necessary in order for your child to participate in a school field trip. [This must be submitted to the administrator and the school nurse at least **2 weeks** prior to the field trip.] Failure to furnish this information may result in denial of your student's opportunity to participate.