

# Medical Release Form

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Year in school: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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Should this students activities be restricted for any reason? Please explain: