

Huntsville City Schools
Out of County/Overnight Student Trip/Event Medical Release Form

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|----------------------------|----------------------------|
| Student's Name: _____ | Date of Birth: _____ |
| Street Address: _____ | City: _____ |
| Parent/Guardian #1 _____ | Parent/Guardian #2 _____ |
| Address: _____ | Address: _____ |
| Home Phone #: _____ | Home Phone #: _____ |
| Phone # @ Work: _____ | Phone # @ Work: _____ |
| Employer: _____ | Employer: _____ |
| Cell Ph. # or Pager: _____ | Cell Ph. # or Pager: _____ |
| Health Insurance: _____ | Effective Date: _____ |
| Contract Number: _____ | Group Number: _____ |

If unable to reach parent/guardian, please notify:

| | |
|-------------------|----------------------------|
| Name: _____ | Relationship _____ |
| Home Ph. #: _____ | Cell Ph. # or Pager: _____ |

Student's General Health Information

1. List your child's *daily* medications: (doses and times of administration)
 - (1) _____
 - (2) _____
 - (3) _____
 - (4) _____

 2. List any *Emergency and PRN* medications OTC or prescribed for your child and the circumstances under which they are to be given.
 - (1) _____
 - (2) _____
 - (3) _____
- Yes No A completed and signed *School Medication Prescriber/Parent Authorization Form (PPA)* is required for each medication –prescription or over-the-counter (OTC) is on file at school?
3. List student's health conditions requiring procedures or medication; i.e. Asthma, Environmental, Seasonal Food allergies (Be specific), Diabetes, Seizures, etc.
 - (1) _____
 - (2) _____
 - (3) _____
 4. An Individual Health Care Plan (IHP) is on file at school Yes No
 List IHP(s): _____

Family Physician: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____

I give permission for an adult representative for Huntsville City Schools to authorize emergency medical treatment and give reasonable necessary medical decisions my son/daughter may need while participating in the student event/trip(s).

 Signature of Parent/Guardian

 Date: