

# Medical Release Form

1. Student Name \_\_\_\_\_ Chapter \_\_\_\_\_
2. Complete Address \_\_\_\_\_
3. Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Name and Phone Number of Family Physician \_\_\_\_\_
5. **LIST ANY & ALL ALLERGIES:** \_\_\_\_\_
6. **LIST ALL CURRENT MEDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Student's Health History: (heart condition, diabetes, asthma, any injuries) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Any restrictions/medical conditions to be aware of: \_\_\_\_\_
9. Year of last immunization/immunity: Tetanus \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis \_\_\_\_\_  
Varicella/Chicken Pox \_\_\_\_\_
10. In case of an emergency, provide contact information so that you can be notified at all times.  
In case of an emergency, contact: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_  
Work Phone #: ( ) \_\_\_\_\_  
Cell Phone #: ( ) \_\_\_\_\_  
Pager #: ( ) \_\_\_\_\_
11. Secondary contact if above person can not be contacted.  
Contact: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_  
Work Phone #: ( ) \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Pager #: ( ) \_\_\_\_\_
12. Please **WRITE YES OR NO** to the following medications your child **may** or **may not be given**:  
Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Tums \_\_\_\_\_ Sudafed \_\_\_\_\_ Benadryl \_\_\_\_\_  
Maalox \_\_\_\_\_ Immodium \_\_\_\_\_ Tussin Cough Syrup \_\_\_\_\_ Glucose Tabs \_\_\_\_\_ Visine \_\_\_\_\_  
Neosporin \_\_\_\_\_ Hydrocortisone cream \_\_\_\_\_

I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I can not be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I also consent to the release of information for insurance purposes.

**Parent/Guardian Signature** \_\_\_\_\_

**Parent/Guardian (Please Print)** \_\_\_\_\_