

Please complete **FRONT** and **BACK** of this form and return it to
Mrs. Everham's Mailbox in the Office - ASAP

STUDENT MEDICAL RELEASE FORM

School / Group Name: Warren Woods Middle School

Event Dates: 5/16/24-5/20/24

Student's Full Legal Name: ★ _____

Home Address: ★ _____

City: ★ _____ State: ★ _____ Zip: ★ _____ Student's Date of Birth: ★ ____/____/____

Home Phone: ★ _____ Work (Mother): ★ _____ Work (Father): ★ _____

Mother's Cell Phone: ★ _____ Father's Cell Phone: ★ _____ Other: ★ _____

List the name and phone number of two parties who can be called if parents cannot be reached

Emergency Contact: ★ _____ Phone: ★ _____

Emergency Contact: ★ _____ Phone: ★ _____

Doctor's Name: ★ _____ Phone: ★ _____

Daily Medication:

If your child will take ANY medications (*prescription and non-prescription*) during this school sponsored event, you will need a doctor's signature on the "**Medication/Parent Authorization Form**".

Prescription: ★ _____

Non-Prescription: ★ _____

Please check any or all of the following medical conditions that apply to your child.

(In addition to the "**MEDICATION / PARENT AUTHORIZATION FORM**", your child will need a specific "**HEALTH PLAN**" form filled out and signed by the doctor for any of these serious medical conditions.)

★ ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Serious Allergy (bee stings, peanuts, etc.) ☐ Other _____

Other Medical Conditions: ★ _____

This trip involves considerable walking. List any physical problems/concerns that the chaperone should be made aware:

★ _____

Insurance Information: If the information is not known, write **N/A**. If you do not have insurance, write **NONE**

Company Name: ★ _____ Phone: ★ _____ Student Blood Type: ★ _____

Policy Number: ★ _____ Name of Policy Holder: ★ _____

- In the event of a medical emergency, I authorize the chaperones to make the necessary decisions for the safety of my child's health.
- I also understand that the behavior of my child on this trip will not bring discredit to the school or other people in the group.
- All Warren Woods Middle School rules are in effect for this school sponsored trip.

★ _____ ★ _____ ★ _____
Parent/Guardian's Signature Date Parent/Guardian's Printed Name