

STUDENT MEDICAL INFORMATION AND CONSENT

STUDENT: _____
Last First Middle

Medical Conditions (check all that apply and explain):

Severe allergies:

- Food/environmental Insects/Bees Medicines/Drugs
 Animals (please specify) Other (please explain):

- Allergies require: Epi-pen Benadryl
 Current asthma Uses inhaler regularly Takes daily medication
 Current Diabetic Uses diabetic supplies
 Other condition: _____

Medication: Does your child take medication at home on a regular basis, including epi-pen &/or inhaler, prescriptions &/or over-the-counter medication, homeopathic &/or herbal remedies? No Yes

If, YES, please complete the "Medication Information" (blue form) available at the school office.

If your child needs to take medication at school (including but not limited to Tylenol, over-the-counter medications):

- An "Authorization for Administration of Medication (AAM)" form must be signed by a physician & on file in the office.
- Medication must be in its original prescription container with a current date & the child's name to be kept in the office.
- A school staff member may administer medication if an AAM form is on file.

NO child may self-medicate using any medication brought from home but a parent/guardian may administer medication during school hours if no AAM is on file.

Health Insurance Information:

Health Care Provider _____ Policy # _____
Primary Subscriber _____
Doctor _____ Phone # _____
Dentist _____ Phone # _____

Consent to Emergency Treatment:

I/we the undersigned parent(s) or legal guardian(s) of the student listed on this form, a minor, give authorization and consent to the school to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis, and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency staff licensed under the provisions of the medicine practice act and the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific treatment being required but is given to provide authority and power on the part of the School to give specific consent to any and all such emergency treatment. An effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

I/we understand that the school does not provide medical insurance for students, and I further understand that we hereby agree to bear all costs related to medical treatment.

I/we have read and will comply with the sections regarding Emergency Release and Consent to Emergency Treatment.

Parent/Guardian Signature Date

Hospital I/we prefer for emergency medical treatment of our child

Permission to Attend Supervised Walks in the Neighborhood:

I, the undersigned parent/guardian of the student named on this form, give permission to take supervised walks around the school neighborhood with her/his class.

Parent/Guardian Signature Date