

# 2021-2022 Medical Release Form

Please fill this form out completely!

## STUDENT INFORMATION

Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	
Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	
Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	
Name:	_____	_____	_____	____/____/____	Y	N
	Last	First	Middle	Birthday	Tylenol OK?	

## Insurance Information

Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Phone #: \_\_\_\_\_

## HEALTH HISTORY

Name any chronic illnesses or medical conditions that your student is being treated for:

\_\_\_\_\_

\_\_\_\_\_

Does your student take medications at home? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Will your student take medications during school hours? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

List any food, medicine or environmental allergies your student has:

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT #1

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT #2

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_