

# Medical Release Form

1 per child

**Name**

First

Middle

Last

**Birth Date**

**School**

**Gender**

**Grade**

☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Address Line 1

Address Line 2

City

State

Zip Code

**Medical Insurance Company**

**Policy Number**

#

**Mother's Name**

First

Last

**Mother's Phone**

**Father's Name**

First

Last

**Father's Phone**

**Emergency Contact:**

First, Last & Relationship to Student

**Emergency Contact Phone**

**Physician**

**Office Phone**

**Dentist**

**Office Phone**

## Medical History

IF NECESSARY, DESCRIBE IN DETAIL THE NATURE AND SEVERITY OF ANY PHYSICAL AND/OR PSYCHOLOGICAL AILMENT, ILLNESS, PROPENSITY, WEAKNESS, LIMITATION, HANDICAP, DISABILITY, OR CONDITION TO WHICH YOUR CHILD IS SUBJECT AND OF WHICH THE STAFF SHOULD BE AWARE, AND WHAT, IF ANY ACTION OF PROTECTION IS REQUIRED ON ACCOUNT THEREOF. SUBMIT THIS NOTIFICATION IN WRITING AND ATTACH IT TO THIS FORM. INCLUDE NAMES OF MEDICATIONS AND DOSAGES THAT MUST BE TAKEN.

**CHECK THE FOLLOWING AREAS OF CONCERN FOR THIS STUDENT. IF NECESSARY, ADD ADDITIONAL PAGE WITH DETAILS.**

**Student is a:**

☐ Good Swimmer   ☐ Fair Swimmer   ☐ Non-Swimmer

**Check any applicable allergies:**

☐ Pollens   ☐ Any Medications   ☐ Any Food   ☐ Insect Bites   ☐ None

☐

**If so, please explain allergies here:**

**Does your child suffer from, ever experience, or receive treatment for any of the following:**

☐ Asthma   ☐ Epilepsy   ☐ Heart Trouble   ☐ Physical Handicap   ☐ Diabetes   ☐ Frequent Upset Stomach  
☐ None

**Date of last tetnus shot:**

**Does your child wear:**

☐ Glasses   ☐ Contact Lenses   ☐ None

**Please explain any major illnesses your child has experienced in the last year:**

**Should your childs activity be restricted for any reason? Please explain:**