

**Huntsville City Schools**  
**Out of County/Overnight Student Trip/Event Medical Release Form**

|                            |                            |
|----------------------------|----------------------------|
| Student's Name: _____      | Date of Birth: _____       |
| Street Address: _____      | City: _____                |
| Parent/Guardian #1 _____   | Parent/Guardian #2 _____   |
| Address: _____             | Address: _____             |
| Home Phone #: _____        | Home Phone #: _____        |
| Phone # @ Work: _____      | Phone # @ Work: _____      |
| Employer: _____            | Employer: _____            |
| Cell Ph. # or Pager: _____ | Cell Ph. # or Pager: _____ |
| Health Insurance: _____    | Effective Date: _____      |
| Contract Number: _____     | Group Number: _____        |

If unable to reach parent/guardian, please notify:

|                   |                            |
|-------------------|----------------------------|
| Name: _____       | Relationship _____         |
| Home Ph. #: _____ | Cell Ph. # or Pager: _____ |

**Student's General Health Information**

1. **List your child's *daily* medications: (doses and times of administration)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

2. **List any *Emergency and PRN* medications OTC or prescribed for your child and the circumstances under which they are to be given.**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Yes  No A completed and signed *School Medication Prescriber/Parent Authorization Form* (PPA) is required for each medication –prescription or over-the-counter (OTC) is on file at school?

3. **List student's health conditions requiring procedures or medication; i.e. Asthma, Environmental, Seasonal Food allergies (Be specific), Diabetes, Seizures, etc.**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

4. **An Individual Health Care Plan (IHP) is on file at school**  Yes  No  
 List IHP(s): \_\_\_\_\_

**Family Physician:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

I give permission for an adult representative for Huntsville City Schools to authorize emergency medical treatment and give reasonable necessary medical decisions my son/daughter may need while participating in the student event/trip(s).

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date:

\* It is the responsibility of the parent/guardian to update this form.

\*Signature of parent/guardian on this form acknowledges their financial responsibility for medical and dental care when required for their child.