**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: |
|  |
| Signature of Notary | Date: |
|  |
| State | County | Date Commission Expires: |