**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: | | | | | | | | |