

**MADISON CITY SCHOOLS
OVERNIGHT OR OUT- OF-TOWN FIELD TRIP
MEDICAL RELEASE FORM**

Student's Name: _____ **Date of Birth:** _____

Address: _____

Home Telephone: _____

Parent/Guardian: _____

Address: _____

Mother Work # _____ **Cell Phone #** _____ **Pager #** _____

Father Work # _____ **Cell Phone #** _____ **Pager#** _____

If unable to reach parents, please notify:

Name: _____ **Relationship:** _____

Phone #: _____ **Cell Phone #:** _____

Student's General Health Information

The Madison City School District requires a Medication Release Form signed by a physician for each prescription medication and a Medication Release Form for each over-the counter medication signed by the student's parent/guardian. List any medications for which a Medication Release Form is already on file in the school office. Additional dosages/times must be noted on a copy of the form filed in the office and that notation must be verified and signed by the student's parent/guardian.

Does student have any allergies to medication, food, etc? Yes No

If "yes", please list allergies: _____

Does student wear contact lenses? Yes No

Does student have asthma? Yes No

If "yes" a Student Asthma Action Plan should be on file in the nurse's office.

Is there any health history that may assist the person in charge if the student should become ill?

Student's Physician: _____

Address: _____

Telephone #: _____

Insurance Company: _____

Date of last tetanus shot: _____

Authorization to Treat/Administer Medication:

I hereby authorize medical or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Madison City School's representative. I also hereby authorize Madison City Schools, or representative thereof, to administer medication to my child, if necessary, as indicated on the Medication Release Form.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date

Signature of Notary

State County

Commission Expires: _____