

Medical Release Form

Medical Release for Student: _____

Birthdate: _____ **Entering Grade:** _____ **Home phone# (____)_____**

Address: _____

Should my child be involved in an accident or medical emergency during the school day or during off-campus, school-approved activities (i.e., field/camp/class trip, athletic activities), I request the school to contact me. If I cannot be reached, I authorize the school to call the physician indicated below and follow his instructions. If the physician cannot be contacted, I grant permission for my child to be given emergency medical treatment at the school's discretion.

Physician: _____ Phone # (____) _____

Hospital Preference: _____ Phone# (____) _____

Health Insurance Carrier Name: _____ Phone# (____) _____

Health Insurance Carrier's Address: _____

Policy #: _____ Policy Holder/Relationship to Student: _____

Other Insurance: _____ Student not covered by any family insurance plan.

It is understood parents assume responsibility for payment of any resulting expenses not covered by insurance

Parent / Guardian Signature: _____ Date: _____

Emergency Info:

List any medical problems or drug/food/contact allergies that this student has: _____

List any medications that this student is currently taking: _____

***** Please note our school medication policy as dictated by state law *****

All prescription and over-the-counter medications, including Tylenol, etc., that need to be taken during school hours must have written orders from the physician and parent. All medications must be administered by the school nurse or designated school personnel (Exceptions: inhalers and epipens). Medications are to be in original containers, have clear directions and be stored in the nurse/school office. Required permission forms/instructions are available from the school nurse or school office.

Emergency Contact Info:

Mother/legal guardian name _____ H# (____) _____ W# (____) _____ C# (____) _____

Father/legal guardian name _____ H# (____) _____ W# (____) _____ C# (____) _____

If school is unable to reach mother / father / legal guardian, please contact the following: (**Note:** Person named as other emergency contact should be someone who is readily available and in the school area.)

_____ H# (____) _____ W# (____) _____ C# (____) _____
Contact's Name / Relationship to student

Siblings at BRS (name & grade): _____

Field Trip Permission: Permission is given for my child noted above to participate in supervised field trips with BRS should I/my child fail to return permission forms issued for each separate field trip.

Parent / legal guardian signature: _____ Date: _____