

<hr/> Last name, First name, MI
<hr/> Grade
FOR OFFICE USE ONLY

**Medical Information and Emergency Notification Form**

Academic Year 20\_\_\_\_

\_\_\_\_\_  
Student's Name (Last, First, Middle Initial)

\_\_\_\_\_  
Date of Birth

I hereby acknowledge that I have received and read the School Medication Procedures. I understand that I am primarily responsible for all medical decisions regarding my child and that under the School Medication Procedures, the administration or self-administration of medication to my child will not be allowed unless I complied with the requirements of the School Medication Procedures.

\_\_\_\_\_ has the following medical conditions:  
Student Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency involving this student, please contact:

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Daytime telephone

Other Emergency Contact:

\_\_\_\_\_  
Other telephone

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Daytime telephone

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Other telephone

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

\_\_\_\_\_  
Date