

Please list ALL known allergies:

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the case of day trips or out of town trips inhalers will be kept in the possession of the student. Please label them clearly with his/her name and instruct him/her about the importance of knowing where it is at all times.

Is the student currently taking any medication? Yes No

If yes, please list any medication to be taken or carried by the student:

Description of Medication	Illness	Dosage / Time Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information about the student:

Alternate Emergency Contact *(If parents are unavailable)* :

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

MEDICAL CONSENT FORM

I/We being the legal Parent(s)/Guardian(s) of _____
(Please PRINT students name in full)

Do hereby authorize and give permission for the authorized First Aid person, or his/her absence the Principal to seek medical attention of the spot or to transmit the above mentioned student to the nearest hospital for required medical attention should the situation arise that necessitates same. I/We understand that I/We will be advised immediately of such medical problems that arise during the school year and permission will be sought verbally over the phone should such situation be deemed necessary.

_____ <small>(Date in full)</small>	_____ <small>(PLEASE PRINT Parent/Guardian Name)</small>	_____ <small>(Parent/Guardian signature)</small>
_____ <small>(Date in full)</small>	_____ <small>(PLEASE PRINT Parent/Guardian Name)</small>	_____ <small>(Parent/Guardian signature)</small>