

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 Address: _____ Home Phone #: _____ Phone # @ Work: _____ Employer: _____ Cell Ph. # or Pager: _____ Health Insurance: _____ Contract Number: _____	Parent/Guardian #2 Address: _____ Home Phone #: _____ Phone # @ Work: _____ Employer: _____ Cell Ph. # or Pager: _____ Effective Date: _____ Group Number: _____
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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?

* It is the responsibility of the parent/guardian to update this form.

*Signature of parent/guardian on this form acknowledges their financial responsibility for medical and dental care when required for their child.

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:

* It is the responsibility of the parent/guardian to update this form.

*Signature of parent/guardian on this form acknowledges their financial responsibility for medical and dental care when required for their child.

***Grissom High School Band
Insurance Information Form***

Student Name _____

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Insurance Company _____

Policy Number _____

Insurance Company
Contract Number _____

Please attach a photocopy of your insurance card to this paper.

Card Front	Card Back