

**UNIVERSAL MEDICAL INFORMATION/ EMERGENCY CONTACT
RELEASE AND CONSENT FORM**

School: _____ School Year: _____

Name of Student (Last, First, Middle)

Grade: _____ Teacher Name: _____

Student Address:

Street Apartment

City State Zip

Home Telephone: (____) _____

Siblings at school:

Name Grade Teacher

Name Grade Teacher

Student lives with (check all that apply):

____ Mother

____ Father

____ Guardian(s) (specify): _____

____ **Father's** ____ **Legal Guardian's Information:**

Name (Last, First)

Work Address:

Street City State Zip

Home Address (If Different from child's):

Street City State Zip

Home Phone (If Different from child's): (____) _____

Work Telephone: (____) _____ Mobile phone: (____) _____

____ **Mother's** ____ **Joint Legal Guardian's Information:**

Name (Last, First)

Work Address:

Street City State Zip

Home Address (if different from child's):

Street City State Zip

Home Phone (if different from child's): (____) _____

Work Telephone: (____) _____ Mobile Phone: (____) _____

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Emergency Contacts:
Name and Address

Telephone Number(s)

1. _____
2. _____
3. _____
4. _____

Student Medical Information:

Primary Physician:

Name

Address Telephone

Emergency Physician:

Name

Address Telephone

Medical Conditions: (e.g., diabetes, epilepsy, heart conditions, etc.)

Disabilities: _____

Allergies: (e.g., hay fever, strawberries, peanuts, etc.) _____

Medications: _____

Allergies to Medications: _____

Medicines to be Self-Administered by the Child: (See Below): _____

Dosage: _____ Frequency: _____

Medicines to be Administered by the School (IF parents/guardians and school both agree that school shall do so; see below): _____

Dosage: _____ Frequency: _____

DATE: _____

SIGNED: _____

PRINT NAME: _____

RELATIONSHIP TO CHILD: _____