

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

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?

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:
_____ Signature of Notary	_____ Date:

State _____	County _____	Date Commission Expires: _____
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* 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.

HCS280-11Rev4-23-14

► **This form is valid for the remainder of this school year.**