

**MADISON CITY SCHOOLS
OVERNIGHT OR OUT OF STATE FIELD TRIP FORM
MEDICAL RELEASE FORM**

Student's Name: _____ Date of Birth: _____

Address: _____ Student Cell #: _____

Parent Guardian Name: _____

Address: _____

Mother Cell# _____ Father Cell# _____

If unable to reach parents, please notify:

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Student's General Health Information

The Madison City School district requires a Medication Release Form signed by a physician for each prescription medication and a Medication Release Form for each over-the-counter medication signed by the student's parent/guardian. List any medications for which a Medication Release Form is already on file in the school office. Additional dosages/times must be noted on a copy of the form filed in the office and that notation must be verified and signed by the student's parent/guardian.

Does the student have any allergies of medication, food, etc. _____ Yes _____ No

If "yes", please list allergies: _____

Does the student wear contact lenses? _____ Yes _____ No

Does the student have asthma? _____ Yes _____ No

If "yes" a Student Asthma Action Plan should be on file in the nurse's office.

Is there any health history that may assist the person in charge if the student should become ill?

Student's Physician: _____ Phone #: _____

Address: _____ Date of last tetanus shot: _____

Insurance Company: _____

Authorization of Treat/Administer Medication:

I hereby authorize medical and/or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Madison City Schools' representative. I also hereby authorize Madison City Schools, or representative thereof, to administer medication to my child, if necessary, as indicated on the Medication Release Form. NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date

Signature of Notary

State

County

Commission Expire