MADISON CITY SCHOOLS
OVERNIGHT OR OUT- OF-TOWN FIELD TRIP
MEDICAL RELEASE FORM

Student's Name: _____ Date of Birth: _____
Address: _____
Home Telephone: _____
Parent/Guardian: _____
Address: _____
Mother Work # _____ Cell Phone # _____ Pager # _____
Father Work # _____ Cell Phone # _____ Pager# _____
If unable to reach parents, please notify:
Name: _____ Relationship: _____
Phone #: _____ Cell Phone #: _____

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 student have any allergies to medication, food, etc? Yes No
If "yes", please list allergies: _____
Does student wear contact lenses? Yes No
Does 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: _____
Address: _____
Telephone #: _____
Insurance Company: _____
Date of last tetanus shot: _____

Authorization to Treat/Administer Medication:

I hereby authorize medical 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 School's 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 Expires: _____