

Brock ISD

2016 - 2017 Medical Information & Student Release Form

Student Name: _____

Grade: _____

Emergency _____

Contact #1: _____

Phone #: _____

Emergency _____

Contact #2: _____

Phone #: _____

Number used for School Reach: _____

Medical Information

Allergies to: _____

Asthma: _____ Inhaler with Student? _____

Diabetes: _____

Heart Trouble: _____

Restricted Activity: _____

Seizures: _____

Severe Reactions to Insect Stings: _____

Other Medical Problems: _____

Chicken Pox? _____ Date: _____

Medications:

Name of Medication	Amount	Time Given	Purpose
1.			
2.			
3.			
4.			

Food Allergy Information:

Food Allergic To:	Nature of allergic reaction to the food:

Student Release Form

Brock ISD has my permission for my child to secure emergency medical treatment, participate in sponsored activities and field trips and utilize the special services of school-employed members (health services, psychological and educational testing and counseling), and related school activities.

Print Parent or Guardian Name

Signature of Parent or Guardian

Student Pickup Information

Please **do not** allow the following people to check my child out of school:
