



# **CONFIDENTIAL**

## **MEDICAL INFORMATION AND RELEASE FORM**

Student Name

Birth Date

### **HEALTH QUESTIONNAIRE**

Does your child have a medical diagnosis of which the school needs to be aware?      YES      NO  
If yes, please list

Does your child take any medication on a regular basis or under certain conditions (as needed)?      YES      NO  
If yes, please list medication name, dosage, frequency and purpose

Is your child on a Health Care Plan?      YES      NO

Is your child on a 504 Plan?      YES      NO

Does your child have asthma?      YES      NO

If yes, is your child authorized to self-carry an asthma inhaler?      YES      NO

Does your child have a seizure disorder?      YES      NO

Does your child have diabetes?      YES      NO

Does your child have a diagnosed life threatening allergy?      YES      NO

If yes, is your child authorized to self-carry an epi-pen?      YES      NO

Does your child have any food restrictions/sensitivities?      YES      NO

If yes, please list

Please describe the type of reaction that could occur with accidental ingestion of substance listed above and plan of action for school personnel.

Please provide any other information that you would like us to be aware of regarding the health, safety, and welfare of your son/daughter, including any physical limitations, drug allergies or environmental sensitivities severe enough to cause a reaction.

To the best of my knowledge, my son/daughter has no illness, communicable disease, or physical disability that will interfere with his/her participation in this activity. In case of an accident or other emergency, I authorize Academy District 20 staff to call 911, authorize medical care for this student at the nearest health facility, and to release the medical information disclosed on this form. I understand that the school nurse is responsible for the student's health care needs only during normal school hours on school grounds. Alternative arrangements maybe necessary for administration of medication.

Parent/Guardian Signature

Printed Name

Date

Student Signature

Printed Name

Date