



Medical Release Form

_____ - _____ School Year

Parent/Guardian #1: _____

Primary Phone: _____ Alternate #: _____

Parent/Guardian #2: _____

Primary Phone: _____ Alternate #: _____

Student(s) Name: _____ Grade _____ DOB _____

_____ Grade _____ DOB _____

_____ Grade _____ DOB _____

___ If additional space is needed, please check here and list additional students on the back of this form.

In case of emergency in which Faith Heritage School is unable to reach the parent/guardian of the above child(ren), we will contact your family physician and alternate emergency contact as indicated below:

Physician Name: _____ Phone _____

Emergency Contact: _____ Phone _____

Please list any allergies or health problems (current/past allergies, health problems or surgeries) that your children have or have had. Include child's name and indicate whether medical condition is past or present (e.g., Linda, febrile seizures, infancy only. Ronnie, asthma, past only). **This section serves as a health history update.**

May we take a picture of your child and post it discretely in the FHS kitchen to safeguard for allergies? ___ Yes ___ No

Please list all medications that your child(ren) currently take. Include doses and time(s) of day:

Do you permit your doctor to fax your child's vaccine record, PE, or Rx to the school health office? ___ Yes ___ No

If your child needs medication on a field trip (or at school), do you agree either to accompany your child on the trip, or if you cannot accompany your child, to train your child to self-administer (under adult supervision)? (Your pediatrician must also provide the school with a medication order and permission for the student to self-administer.) ___ Yes ___ No

Per NY state law, the only medication a student may carry on his/her person or keep in lockers are inhalers for asthma or Epipens for anaphylaxis.

Parent/Guardian Signature

Date