



MEDICAL/EMERGENCY CONTACT & RELEASE FORM

Student Name: _____ Date of Birth: _____ Grade: _____

Student Name: _____ Date of Birth: _____ Grade: _____

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Father/Guardian Emergency Contact Information:

Mother/Guardian Emergency Contact Information:

Name: _____

Name: _____

Employer: _____

Employer: _____

Day Phone: (____) _____

Day Phone: (____) _____

Evening Phone: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Email: _____

Student's Physician: _____
Name Telephone

History of significant health problems: _____

Allergies to medications or foods: _____

List any medications student will be taking: _____

Parent Initials _____ I give permission for my child to receive these medications during school hours if needed.
_____ Ibuprofen _____ Tylenol

A legal guardian or a person authorized by the guardian is required to sign for your student's release during school hours. Indicate individuals authorized to take your child when you are not available or can not be contacted.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Meridian School will take every precaution to provide for the safety of your child and to notify you in the event of an accident/injury. In the event that the contacts listed above are unavailable, or in the case of an emergency, the school will call an ambulance if it is felt appropriate.

I have read and understand the information included on this form. I accept financial responsibility for all accident/illness-related costs and agree to the emergency procedure as outlined above.

Signature Parent or Guardian _____ Date _____