## **Emergency Medical Information**

Parent/Guardian signature

I understand that if my child needs to be given medication, only the school staff may administer it. Medicine must be labeled with the child's name, dosage instructions, and a <u>Medication Form</u> must be completed. This requirement also applies to all "over the counter" remedies such as Tylenol, cough drops, vitamins, etc.

Is your child taking re	gular medication	? If yes, what types?	pe?		
Reason for medication	ı:				
Medical history:					
Medication Allergies:					
Food Allergies:					
Hospital Preference: _					
Local Physician's Nan	ne:	P	Phone #: (		
Insurance Company:		Policy	Policy #:		
unavailable:  1)	·		of your child if parent/guardian is  Relationship		
rvanie	7 tudi ess	I Holic II	кемпонянр		
2)Name	Address	Phone #	Relationship		
Medical Release For					
			inister basic emergency medical treatn nce to the appropriate hospital emerge		

Date