

**Rio Grande School
2011-2012 Student Medical Information**

(Note: Please complete one form for each student. Parents are responsible for updating information as changes occur during the year.)

Student's Full Name: _____ Date of Birth: _____
Gender: _____
Grade Level: _____

Name of Legal Guardian(s): _____

Student lives with: _____

Authorization for Medical Treatment:

I hereby authorize Kelly Horn, Head of School, or another responsible agent of the Rio Grande School, to authorize a licensed physician to administer to my child (ward) such medical treatment as said physician may deem necessary or advisable for my child's (ward's) present or future health, if it is impossible to contact a parent or legal guardian.

I give my permission for Emergency Medical transportation. I agree to pay all necessary and responsible costs of medical treatment, transportation, and hospitalization. I also waive and release the person designated above and the Rio Grande School of any loss, claim, or liability which may result from utilization of such action.

This authorization remains in effect for the remainder of my child's tenure at Rio Grande School unless and until I notify Rio Grande School otherwise.

Student Name

Date

Name of Parent or Guardian (Printed)

Signature of Parent or Guardian

Insurance Carrier

Policy No.

In case of an emergency, provide the following information for the Student's physician or a medical facility:

Name of Physician/facility: _____

Address: _____

Phone: _____

Please continue on the reverse side.

Medical Information

Please list ANY medical conditions or doctor's restrictions concerning your child, including but not limited to the following:

Vision:

Hearing:

Allergies (including reaction/treatment):

Dietary:

Other conditions (including but not limited to asthma, seizures, heart conditions): Please describe the condition and provide information on how the school is to treat each condition.

Please note: All medication to be taken at school must be administered by school staff. A parent-signed release form allowing school staff to administer medication to a student must be on file in the office. This includes the use of inhalers, pain relievers, and over-the-counter medication. The form is available in the Parent Handbook or through the main office. Thank you.