

# Emergency Medical Release Form 2005-2006

Please complete each section thoroughly, sign and date.

A new form must be completed each school year and is required for enrollment.



The Awty International School  
Houston

**Student's Name:** \_\_\_\_\_ **Sex:** F  M   
Last First

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **2005-2006 Grade Level:** \_\_\_\_\_ **Section:**  French  International  
MM/DD/YY

**Mother's Name:** \_\_\_\_\_ **Home phone number:** (\_\_\_\_) \_\_\_\_\_  
**Work number:** (\_\_\_\_) \_\_\_\_\_ **Cellular number:** (\_\_\_\_) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home phone number:** (\_\_\_\_) \_\_\_\_\_  
**Work number:** (\_\_\_\_) \_\_\_\_\_ **Cellular number:** (\_\_\_\_) \_\_\_\_\_

**ALLERGIES:** Does your child have any allergies to food, medications, insects, etc.?  Yes  No

If Yes, please list: \_\_\_\_\_

Does your child require an Epinephrine Pen for this allergy?  Yes  No

**HEALTH CONDITIONS:** Has your child, currently or in the past, been diagnosed with any of the following health conditions (check all that apply) :

<u>Asthma</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Epilepsy/Seizure Disorder</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Vision/Hearing Problems</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Diabetes</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Frequent/Migraine Headaches</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Chronic Ear Infections</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heart Problems</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Attention Deficit-Hyperactivity</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, please explain: \_\_\_\_\_

List any other health condition(s) not listed above : \_\_\_\_\_

List any medication(s) currently taken by your child. \_\_\_\_\_

**Name of Child's Physician in USA:** \_\_\_\_\_

**Physician's phone number:** (\_\_\_\_) \_\_\_\_\_

**Name of Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**In case of emergency, take my child to the following hospital (please complete one):**

\_\_\_\_\_ (Name of Hospital preferred by your Insurance Company)

Nearest Hospital to school (i.e. Memorial City, NW Memorial)

**Additional person authorized to pick up my child and/or to contact in case of an illness or an emergency:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone number:** (\_\_\_\_) \_\_\_\_\_

## M E D I C A T I O N   A D M I N I S T R A T I O N

Non-prescription Medication listed below is available in the Clinic for parents to request for their child. This medication is given *after* initial evaluation of your child's symptoms. All medications are given in accordance with the packaging label on the product, by age and weight-appropriate strengths. I hereby authorize The Awty International School clinical staff to administer medication checked below to my child while on campus and/or during school-sponsored activities off-campus.

<input type="checkbox"/> No medications	<input type="checkbox"/> Acetaminophen (e.g. Tylenol -Children's, Jr. & Adult strengths)
<input type="checkbox"/> Antibiotic ointment (e.g. Neosporin) for cuts and scrapes	<input type="checkbox"/> Itch stopping cream (e.g. Calamine Lotion) for mosquito/ant bites
<input type="checkbox"/> Throat Lozenges (e.g. Halls cough drops)	<input type="checkbox"/> Sterile eye wash (e.g. Bausch & Lomb) for dirt/foreign matter in eyes
<input type="checkbox"/> Benadryl Liquid (for severe allergic reactions)	<input type="checkbox"/> Ibuprofen (e.g. Advil, Motrin)
<input type="checkbox"/> Tums for upset stomach (students 12 years or older)	

## E M E R G E N C Y   R E L E A S E

If, in the judgment of any responsible person employed by The Awty International School, the student named above needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any medical personnel or school representative. I do hereby agree to indemnify and hold harmless The Awty International School and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date