Sandhills Public Schools Student Information & Medical Release Form

Student's Full Legal Name _____
First Middle Last

Student's Grade _____ Student's Gender _____ Student's Date of Birth_____

Father/Guardian Name: _____ Work#: _____ Home#: _____ Cell#: _____

Mother/Guardian Name: _____ Work#: _____ Home#: _____ Cell#: _____

Mailing Address: _____

Parent E-Mail address: _____ Student's Cell: _____

Other Numbers to Reach You: _____

Family Physician: _____ Phone Number: _____
Family Dentist: _____ Phone Number: _____

Medical Insurance Company: _____ Policy Number: _____
Name of Insured: _____

The following information is needed by any hospital or practitioner not having access to a medical history:
Allergies/Food Allergies: _____
Medication being taken: _____
Date of last tetanus shot: _____
Physical Impairments: _____
Other pertinent facts to which physician should be alerted: _____

If Parent/Guardian cannot be reached in case of an emergency, call:

First Choice Name: _____ Relationship: _____ Phone: _____

Second Choice Name: _____ Relationship: _____ Phone: _____

I, _____, of _____
Parent/Guardian Name Mailing Address City State Zip

am the _____ of _____ of _____
Relation Student's Name City State Zip

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ is absent from home for school or school sponsored activities during the 2017-2018 school year. (Student's name)
In a medical emergency, I consent to an appointed agent of Sandhills Public Schools, discretion in using, taking, arranging for or consenting to the procedures or treatment.
I agree to indemnify and hold harmless Sandhills Public Schools, the individual members, agents, employees and representatives thereof, for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named member arising from, or on account of, said procedures and/or treatment rendered in good faith and according to accepted medical standards.
I assume the total financial responsibility for the above-named member and will not hold Sandhills Public Schools responsible in the event of a medical emergency.

_____ _____
Signature of Parent/Guardian Date

Signed in my presence this ____ day of _____, 20___ Notary's Signature _____