



MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL: _____ SCHOOL PHONE # _____

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Full Name: _____

Health insurance Carrier: _____ Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION

Please check all that apply:

_____ Heart Disease _____ Diabetes _____ High Blood Pressure _____ Epilepsy
_____ Allergies _____ Other (please list below) _____ Medication/s (please list below)

PARENT/GUARDIAN PHONE NUMBERS

Father: _____ Ph: _____

Mother: _____ Ph: _____

Other: _____ Ph: _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally, I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) / Guardian(s) Signatures (s) _____ Date _____

*If any program or event requires a student to leave the county, this form and the Consent for Medical Treatment form (MCSD-ADM002) must be executed.