

**Huntsville City Schools**  
**Out of County/Overnight Student Trip/Event Medical Release Form**

Student's Name:	Home Ph. #:
Street Address:	Date of Birth:
Parent/Guardian #1 Address:	City:
Home Phone #:	Parent/Guardian #2 Address:
Phone # @ Work:	Home Phone #: Phone # @ Work:
Employer:	Employer:
Cell Ph. # or Pager:	Cell Ph. # or Pager: Effective Date:
Health Insurance:	Group Number:
Contract Number:	Relationship
If unable to reach parent/guardian, please notify: Name:	Cell Ph. # or Pager:

**Student's General Health Information**

1. List your child's daily medications: (doses and times of administration)

- (1)
- (2)
- (3)
- (4)

2. List any *Emergency and PRN* medications OTC or prescribed for your child and the circumstances under which they are to be given.

- (1)
- (2)
- (3)

A completed and signed School Medication Prescriber/Parent Authorization Form (PPA) is for each medication –prescription or over-the-counter (OTC) is on file at school? Yes / No

3. List student's health conditions requiring procedures or medication; i.e. Asthma, Environmental, Seasonal Food allergies (Be specific), Diabetes, Seizures, etc.

- (1)
- (2)
- (3)

