

# Medical Release

Student ID (Office Use Only)

Homeroom \_\_\_\_\_

Student Last Name	First Name	Middle Name	Birthdate mm/dd/yyyy	Student's Age, Sept 1, 2011	Grade for 2011-2012

Mailing Address Street, PO Box, or Rural Route		City	Zip	Phone Number	
				Home:	Mobile:

Guardian	Guardian (Priority 1)	Guardian (Priority 2)	Guardian (Priority 3)	Guardian (Priority 4)
Last Name				
First Name				
Middle Name				
Phone Number	Home: Mobile Work:	Home: Mobile Work:	Home: Mobile Work:	Home: Mobile Work:
Relationship				
Lives With?				

## Emergency Contact Information (Other Than Guardian)

Last Name	First Name	Middle Name	Phone Number	Physician Name	Physician Phone Number	Hospital Preference

Medical Alerts and Food Allergies	Disabilities

In the event of a medical emergency and I cannot be reached, I authorize the proper Midway officials to administer appropriate first aid and if necessary take my child to a doctor for treatment. I assume all responsibility for medical expenses incurred. (Parents will be notified as soon as possible.)

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Current Medications

I authorize the release of the above medical information to the appropriate Midway staff members.

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