

Teacher _____

EUFAULA CITY SCHOOLS
Medical Release Form
(Please print all information except signature)

Today's Date

Grade

Student's Name _____ Social Security# _____

E911 Address _____

City _____ Zip _____

School _____ Age _____ DOB _____

Hospital Insurance Company Name _____ Policy # _____

Doctor's Name _____

List any known allergies _____

List any medical conditions: _____

In case of an emergency or illness at school or during a field trip, I grant permission for my child to receive medical treatment at the nearest medical facility at once. In the event of needed treatment, please advise me of such treatment by calling:

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

_____ Phone _____ Phone _____

Emergency Contacts:

1. Name _____ Relationship _____ Home _____ Work _____

2. Name _____ Relationship _____ Home _____ Work _____

3. Name _____ Relationship _____ Home _____ Work _____

I also release the Eufaula City School System from any financial responsibilities that may arise in an emergency on a field trip. I fully understand that in the event of a lack of insurance coverage, I will be held entirely responsible for any/all expenses incurred.

Parent/Guardian

Signature _____ Date _____