



**Medical History**  
(Please print)

The information requested on this form will allow our staff to help your child in the event of a medical emergency at a time when you cannot be reached. It will be treated with the utmost confidentiality at all times.

Child's Full Name: \_\_\_\_\_  
Last First Middle

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**Any allergies, illnesses, surgeries or other significant health information or medical history:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications Taken Regularly by Child**

(Please indicate whether they are prescription or over the counter, the dosage and reason for treatment. If medication must be administered by school staff, parent will be required to complete a "Medical Administration Form" in the school office.)

\_\_\_\_\_  
\_\_\_\_\_

In the event that your child has an accident resulting in a **minor** cut, scrape or bruise, only soap and water will be used as treatment.

*Note: Your child's teacher will send an "Accident Report" home to notify you of any minor accidents that did not require contacting the child's parent or guardian during the day.*

**Medical Authorization and Release**

I / We, \_\_\_\_\_ (parent or legal guardian) hereby grant Second Presbyterian Weekday School authorization to seek emergency medical treatment for \_\_\_\_\_ in the event that the staff is unable to contact the undersigned.

Further, I / we hereby authorize any regular practicing physician chosen by the staff of the Second Presbyterian Weekday School to provide medical attention to the above named child.

The school will call 911 / Emergency Medical Services for immediate help in life threatening or potentially life altering emergencies.

**Preferred hospital in the event of an emergency** \_\_\_\_\_

In consideration thereof, I/We do hereby release Second Presbyterian Weekday School, its staff and faculty, from and for any and all claims, demands, damages, actions, or causes of action arising out of or anyway related to the rendering of such medical attention or the transportation of the above named child to or from such medical attention.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date: \_\_\_\_\_