



HEALTH & ACCIDENT RELEASE

Office Use Only	
School Year:	_____
Nurse Initials:	_____
Date Entered:	_____

MEDICAL INSURANCE? Yes ___ No ___ NAME OF PRIMARY INSURED: _____

INSURANCE COMPANY NAME: _____

INSURANCE ID # _____ GROUP # _____

PHONE NUMBERS: Home: (____) _____
Mother's Cell: (____) _____ Mother's Work: (____) _____
Father's Cell: (____) _____ Father's Work: (____) _____

EMERGENCY INFORMATION:

When parents are not available, list two relatives or friends who can be reached locally:

(____) _____
Name Day-time phone Relationship to child

(____) _____
Name Day-time phone Relationship to child

FAMILY DOCTOR: _____ Phone: _____

I permit Cedar Tree to give emergency treatment for the below named student(s) when they deem necessary. I give authority for my children to be taken to the nearest emergency facility in case of an emergency. I allow the emergency facility to administer treatment in the event I am unable to be reached or present when care is needed. If the doctor or persons responsible for my child cannot be reached, I accept Cedar Tree's arrangements for emergency treatment and emergency room admittance, and I assume responsibility for any costs involved.

PARENT OR GUARDIAN SIGNATURE: _____ Date _____

Please complete the information below for each student (*additional on the back*). Complete 2nd form as needed.

1. STUDENT: _____ Birth Date: _____

TYLENOL: Subject to my verbal permission in each instance, Cedar Tree may administer Tylenol for pain or fever to this student. YES ___ NO ___

DRUG ALLERGIES or OTHER ALLERGIES? YES ___ (List below) NO ___

TAKING MEDICATIONS? YES ___ (List below) NO ___

WILL THERE BE ANY MEDICATIONS (PRESCRIPTION OR NONPRESCRIPTION) FOR THIS STUDENT AT SCHOOL? YES ___ NO ___ If "yes", must have a Medication Authorization on file.

PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:

2. STUDENT: _____ **Birth Date:** _____

TYLENOL: Subject to my verbal permission in each instance, Cedar Tree may administer Tylenol for pain or fever to this student. YES _____ NO _____

DRUG ALLERGIES or OTHER ALLERGIES? YES _____ (List below) NO _____

TAKING MEDICATIONS? YES _____ (List below) NO _____

WILL THERE BE ANY MEDICATIONS (PRESCRIPTION OR NONPRESCRIPTION) FOR THIS STUDENT AT SCHOOL? YES _____ NO _____ If "yes", must have a Medication Authorization on file.

PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:

3. STUDENT: _____ **Birth Date:** _____

TYLENOL: Subject to my verbal permission in each instance, Cedar Tree may administer Tylenol for pain or fever to this student. YES _____ NO _____

DRUG ALLERGIES or OTHER ALLERGIES? YES _____ (List below) NO _____

TAKING MEDICATIONS? YES _____ (List below) NO _____

WILL THERE BE ANY MEDICATIONS (PRESCRIPTION OR NONPRESCRIPTION) FOR THIS STUDENT AT SCHOOL? YES _____ NO _____ If "yes", must have a Medication Authorization on file.

PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:

4. STUDENT: _____ **Birth Date:** _____

TYLENOL: Subject to my verbal permission in each instance, Cedar Tree may administer Tylenol for pain or fever to this student. YES _____ NO _____

DRUG ALLERGIES or OTHER ALLERGIES? YES _____ (List below) NO _____

TAKING MEDICATIONS? YES _____ (List below) NO _____

WILL THERE BE ANY MEDICATIONS (PRESCRIPTION OR NONPRESCRIPTION) FOR THIS STUDENT AT SCHOOL? YES _____ NO _____ If "yes", must have a Medication Authorization on file.

PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:
