



# HEALTH & ACCIDENT RELEASE

<b>Office Use Only</b>
School Year: _____
Nurse checked: _____
Date checked: _____

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 \_\_\_\_\_

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

1. Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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: YES \_\_\_ (List below)NO \_\_\_  
\_\_\_\_\_

OTHER ALLERGIES: YES \_\_\_ (List below)NO \_\_\_  
\_\_\_\_\_

TAKING MEDICATIONS? YES \_\_\_ (List below)NO \_\_\_  
\_\_\_\_\_

PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:  
\_\_\_\_\_  
\_\_\_\_\_

**2. Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**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:** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**OTHER ALLERGIES:** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**TAKING MEDICATIONS?** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:**

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**3. Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**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:** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**OTHER ALLERGIES:** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**TAKING MEDICATIONS?** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:**

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**4. Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**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:** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**OTHER ALLERGIES:** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**TAKING MEDICATIONS?** YES \_\_\_\_\_ (List below)NO \_\_\_\_\_

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**PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:**

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