

**WINDHAM SCHOOL DISTRICT  
MEDICAL INFORMATION AND RELEASE FORM**

**STUDENT INFORMATION**

Student's Name:     
*Last First Middle*

Address:  DOB:  /  /

Parent/Guardian(s):

Home Phone:  Work/Mobile Phone:

Email Address:

Teacher:  Grade:

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**MEDICAL INFORMATION**

Doctor's Name:    
*Last First*

Doctor's Phone:

Health Insurance Company:  Policy #

Dental Insurance Company:  Policy #

Does your child have a physician-documented allergy? **Yes**  **No**

Should the nurse be aware of any medical problems, allergies, or restrictions? **Yes**  **No**

Please note:

Is your child currently on Medication at home or school? If yes, please list below.

Does your child have an EpiPen? Yes  No

May we have permission to give your child Tylenol for pain, headache, or fever? (Note: Parents of Golden Brook students will be called prior to administration of these medications.)

Yes  No

May we have permission to give your child Ibuprofen for pain, headache, or fever? (Note: Parents of Golden Brook students will be called prior to administration of these medications.)

Yes  No

Note: In the event of a medical emergency, and neither you nor your physician can be reached, the school will call an ambulance to transport your child to the nearest hospital.

I have confirmed and/or corrected all the above information concerning my child as of this date.

Signature:

Date:  /  /

**MEDICATION AUTHORIZATION FORM FOR THE FIELD TRIP  
PARENTAL CONSENT AND RELEASE**

**(To be filled out if student will/may need any medication while on a field trip.)**

I, \_\_\_\_\_, as the parent or guardian of \_\_\_\_\_,  
*(STUDENT)*

authorize \_\_\_\_\_ to assume care and responsibility of my child while on the  
*\*(RESPONSIBLE ADULT)*

following school sponsored activity: \_\_\_\_\_ on \_\_\_\_\_  
*(DATE)*

In the event that medication is needed, i.e., EpiPen, inhaler, or other prescription medications, the above-mentioned responsible adult has my permission to dispense medication as directed.

\_\_\_\_\_  
*(SIGNATURE: PARENT/GUARDIAN)*

\_\_\_\_\_  
*(DATE)*

\_\_\_\_\_  
*(SIGNATURE: ADULT ASSUMING RESPONSIBILITY)*

\_\_\_\_\_  
*(DATE)*

\*If your student has an EpiPen you must list a responsible adult (staff member) listed on your consent to administer form that will be on the field trip or another parent volunteer you have instructed in EpiPen use that will be responsible for your child.

**Reference: WSD Policy JLCD-R**