

MIDLOTHIAN HIGH SCHOOL

401 Charter Colony Parkway

Midlothian, VA 23114

Medical Release & Emergency Information

I, _____, hereby grant permission for my child to be examined and treated by a licensed medical physician for injuries or illness that occur during his/her participation in activities sponsored by Midlothian High School. I understand that this consent form will only be invoked if school officials are unable to contact me immediately following the discovery of a need for medical attention. I have listed below any allergies or pre-existing physical conditions that may have an impact on the treatment of my child.

Student's name

Parent/Guardian's signature

Date

EMERGENCY INFORMATION

Student Name _____ Grade _____

Address _____

Home Telephone _____ Student Cell Phone _____

Most frequently checked email: _____

Father's Name & Cell Phone _____

Mother's Name & Cell Phone _____

Emergency Name & Telephone _____

Allergies/Medications _____

Pre-Existing Physical Conditions _____

Does the student wear contacts: YES NO

Name/Type of insurance coverage _____

Subscriber ID number _____

Primary Care Physician & Telephone Number _____