



## ROME CITY SCHOOL MEDICAL HISTORY AND RELEASE FORM

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_ Phone \_\_\_\_\_

Alternative emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

### INSURANCE INFORMATION:

**IN ORDER TO ATTEND THE TRIP YOU MUST SUBMIT A COPY OF BOTH SIDES OF YOUR CHILD'S INSURANCE CARD WITH THIS FORM.**

### MEDICAL INFORMATION:

Allergies: Food (s) \_\_\_\_\_ Insect(s) \_\_\_\_\_

Medication(s) \_\_\_\_\_ Other (s) \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

### PERMISSION FOR TREATMENT:

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

Please initial one below:

\_\_\_ I DO **OR** \_\_\_ I DO NOT give permission for trip supervisors to administer over-the-counter medications (Neosporin, Tylenol, ibuprofen, Peto Bismol, etc.) as deemed necessary for minor medical issues.

I agree to release, indemnify, and hold harmless the Rome City School District, its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult supervisors ("District Indemnitees") from and forever promise not to use them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the students' participation in the field trips, including, but not limited to any losses, damages or injuries or the rendering of emergency medical procedures or treatment.

\_\_\_\_\_  
Name of Parent/Guardian (PLEASE PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date