

OKALOOSA COUNTY SCHOOL DISTRICT
Student Intervention Services
Student Medical Information & Parent Consent
Please print all information clearly in ink

MIS 6344
REV. 6/2022

Student _____
(Last) (First) (M.I.) (DOB-M/D/Y)

School _____ Grade _____

How does your child get to school? Car _____ Walk _____ Bus # _____

Student's Address _____

Student Lives with _____

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Primary Care Physician _____ Specialist _____
(Name and office number) (Name and office number)

Emergency Contact Persons:

Please list relatives or friends, who have your permission to check your child out of school, and their phone number during school hours. In the event of an emergency in which we are unable to locate the parents, emergency contact persons will be contacted. **These individuals will be authorized to act on behalf of yourself and your child.** If an extreme emergency situation occurs, we will call 911 and your child will be transported to the nearest emergency facility. The student's parent / guardian will be financially responsible for the cost of student's emergency transport.

Name/Relationship: _____ Phone Number: _____

Name/Relationship: _____ Phone Number: _____

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Name/Relationship: _____ Phone Number: _____

Does your child have any medical conditions the school should be aware of? ____ No ____ Yes, if yes, give diagnosis and explain:

Medication Currently Prescribed:

Reason/use for medication:

School Board Policy requires that any medication taken by students during school hours and administered by school personnel:

1) Must be accompanied by a Dispersion of Medication form (MIS 5163) signed by a parent or legal guardian; 2) **Medication must be brought by parent / guardian in its original container properly labeled;** 3) First dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction; and 4) Parent must provide necessary equipment and supplies needed to administer medication.

PLEASE COMPLETE BOTH SIDES OF THIS DOCUMENT

The above consent will remain in effect until the parent / guardian submits a new Student Medical Information / Consent Form or the following school year.