

Nokomis Schools
Medical Release Form

Please fill out the following information:

Student Name: _____ Birth Date: _____

Address: _____ Phone: _____

_____ Cell: _____

Health Insurance Company and Policy Number: _____

Doctor's Name: _____ Dr Phone: _____

Medical Conditions/Allergies: Yes No

If Yes, please explain: _____

Date of last Tetanus shot: _____

Emergency Contacts: Name _____

Phone _____ Cell _____

Relationship to student: _____

Name _____

Phone _____ Cell _____

Relationship to student: _____

In case of medical emergency, I authorize an agent of Nokomis schools to secure medical treatment for my son/Daughter.

Parent/Guardian

Date