

CHOUTEAU PUBLIC SCHOOL MEDICAL RELEASE FORM

NAME _____ DATE OF BIRTH _____

I (WE) _____ PARENTS (S) LEGAL GAURDIAN OF SAID

STUDENT HEREBY GIVE CONSENT TO PROVIDE HIM/HER WITH EMERGENCEY MEDICAL CARE FOR
ACCIDENTS AND OR ILLNESSES DURING THE 20__ 20__ SCHOOL YEAR. I (WE) ALSO GIVE

PERMISSION TO TRANSPORT MY CHILD TO AND FROM LOCATIONS WHERE HEALTH SERVICES ARE
PROVIDED. MY CHILD HAS HAD THE FOLLOWING IMMUNIZATIONS: PLEASE CHECK

DPT _____ SMALL POX _____ POLIO _____ MEASLES _____

TETANUS _____ DATE OF LAST TETANUS SHOT _____

OTHER _____

MY CHILD HAS ALLERGIES YES _____ NO _____

IF YES, LIST DRUGS OR OTHER AGENTS.

1. _____

2. _____

3. _____

4. _____

MY CHILD TAKES MEDICATION REGULARLY: YES _____ NO _____

IF YES, PLEASE DESCRIBE _____

I AUTHORIZE THE CHOUTEAU PUBLIC SCHOOLS TO TRANSPORT MY SON OR DAUGHTER TO ALL
APPROVED ATHLETIC ACTIVITIES.

SIGNED _____

DATE _____

PARENT OR LEGAL GUARDIAN