

**MEDICAL AND EMERGENCY NOTIFICATION INFORMATION  
AUTHORIZATION FOR MEDICAL TREATMENT**

<b>STUDENT</b>	<b>DATE OF BIRTH</b>	<b>GRADE</b>	<b>LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY</b>

**PLEASE PRINT**

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name of Student's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy/Insurance# \_\_\_\_\_

Diabetes Care Plan Submitted (if applicable): YES/NO

Asthma Action Plan Submitted (if applicable): YES/NO

Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form Submitted (if applicable): YES/NO

**EMERGENCY CONTACTS IN CASE PARENT/GUARDIAN CANNOT BE REACHED:**

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_  
Phone 1 ( ) \_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_  
Phone 1 ( ) \_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_

**MEDICAL RELEASE**

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her designee, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize school personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the medical and liability insurance coverage and costs for any diagnosis/treatment and/or for medication deemed necessary. I/We understand that it may be necessary for my/our child's medical condition to be disclosed to school personnel and/or medical providers and I/we expressly consent to such disclosure.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

THIS FORM SHALL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN  
TO UPDATE EMERGENCY INFORMATION AS NECESSARY.

**PLEASE RETURN NO  
LATER THAN FRIDAY,  
8/22/25.**