

## SRHS GRAD NITE 2018: MEDICATION & SPECIAL NEEDS FORM

Student's name: \_\_\_\_\_

DOB: \_\_\_\_\_ Student's cell phone # \_\_\_\_\_

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

Parent/Guardian Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency phone Number(s) you can be reached during the event: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT(S) AND PHONE NUMBERS:** (We will attempt to call you first.)

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL INFORMATION:** Allergies, Medical Conditions, and/or Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DURING CHECK-IN, CHAPERONES MUST CARRY ALL MEDICATIONS.** Students will be allowed to carry all medications after check-in at Knott's. **All medications should be put into a ziplock bag labeled with student's name.**

List all medications—the name(s), the dosage(s), and when (time of day) the student needs to take the medication(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special accommodations needed and/or anything emergency medical personnel should know:

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT:**

In the event of a medical emergency, I authorize all medical, surgical, diagnostic, and hospital procedures deemed necessary to be performed or prescribed by a treating health care provider for the student listed at the top.

Print parent/guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_