



Rio Rancho Public Schools
Medical Information Form

School Year 2008-2009

Student Name: _____ DOB: ____/____/____ Grade: _____

My Child has the following health problems.

Does this child have any type of medical, physical, or mental condition? Yes No

Does this child have to take any prescription medication? Yes No

Please indicate if student has had or is currently under treatment for any of the following conditions (provide year or age when problem occurred):

Emergency Contact Information other than parent or guardian: Who may pick up my child.

Table with 4 columns: Name, Relationship, Phone #1, Phone #2. Contains 4 empty rows for contact information.

My child will walk to/from the Summer Academy

Insurance Information:

Students Insurance (primary) Subscribers Name ID#

In case of an emergency involving my child AND I CANNOT BE REACHED, I hereby give consent to transport my child to the following medical care providers/hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary:

Physician/Nurse Practitioner or Physician Assistant _____ Phone # _____

Dentist _____ Phone # _____ Hospital _____ Phone # _____

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CAN BE REACHED, I authorize appropriate transport and medical care of my child to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with the section. It is understood that I will be financial responsibly for all emergency care.

I authorize the staff to contact my child's providers listed above regarding medical management of my child. I understand information on this form will be shared with appropriate personnel on an as needed basis only.

Signature of Parent/Guardian _____ Date _____