

**ROCHESTER SCHOOL DEPARTMENT
MEDICAL AUTHORIZATION
MIDDLE SCHOOL & HIGH SCHOOL**

Grade _____
Teacher/Team _____
Transportation: Bus # _____
Walk _____ Car _____

Student's Name _____
(Last) (First) (Middle)

Address _____ Date of Birth ____/____/____

(City) (Zip Code) Home Tel. # _____

Mailing address (if different) _____ Cell Phone # _____

Parent(s)/Guardian(s):

Name: _____ Relationship _____ Work Tel. # _____
(Last) (First) Place of Employment _____

Name: _____ Relationship _____ Work Tel. # _____
(Last) (First) Place of Employment _____

Parent student does not live with (if applicable):

Name: _____ Relationship _____ Home Tel. # _____
(Last) (First) Place of Employment _____
Work Tel. # _____

List **two (readily available)** people who will assume temporary care of your child if you cannot be reached:

Name: _____ Relationship _____ Tel. # _____
(Last) (First)

Name: _____ Relationship _____ Tel. # _____
(Last) (First)

Medical Information:

Name of student's physician: _____ Tel. # _____

Please list any health conditions/treatments including allergies (be specific), medications, chronic health conditions (asthma, seizures, etc.), glasses/vision concerns, hearing concerns, significant injuries etc. This information may be shared with those people who work with your child. If you have other confidential information you do not wish to list here but may affect your child's health care, please contact your child's school nurse.

** I consent for my child (grades 6-12) to be administered **Acetaminophen** (Tylenol) between the hours of 10:30 and 1:30 for pain relief only. ____ yes ____ no.

In case of an accident or serious illness and I cannot be reached, I hereby authorize the school personnel to secure medical help for my child.

Parent/Guardian Signature _____ Date _____

***Special circumstances** – please attach current legal documentation/information (custody issues, history family circumstances etc.)

Reviewed/Revised 6/3/08

Nursing Share\Forms & Letters\Emergency Contact & Tylenol RMS & SHS