

TUSCOLA HIGH SCHOOL

564 TUSCOLA SCHOOL RD.
WAYNESVILLE, NC 28786
828-456-3783

MEDICAL RELEASE FORM

VALID THROUGH SEPTEMBER 30, 2012 FOR ALL TUSCOLA
EVENTS AND TRIPS

FULL NAME: _____

SSN: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ PARENT'S WORK PHONE: _____

PARENTS' NAMES: _____

HEALTH INS. CO.: _____ POLICY NO.: _____

EMERGENCY CONTACT AND PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

ANY KNOWN ALLERGIES: _____

KNOWN MEDICAL CONDITIONS: _____

OTHER COMMENTS: _____

PLEASE CHECK ANY OF THE FOLLOWING OTC MEDICATIONS YOUR CHILD MAY BE
GIVEN IF NECESSARY:

TYLENOL: _____ ADVIL: _____ DECONGESTANT: _____
TUMS: _____ BENEDRYL: _____ IMMIDIUM: _____

PLEASE LIST ANY MEDICATIONS THAT YOUR CHILD TAKES ON A DAILY BASIS:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I HEREBY GIVE MY PERMISSION TO THE ADULT LEADERSHIP OF TUSCOLA
TO SECURE AND AUTHORIZE EMERGENCY MEDICAL TREATMENT SHOULD MY
CHILD BECOME SERIOUSLY ILL OR INJURED. I UNDERSTAND THAT EVERY EFFORT
WILL BE MADE TO CONTACT ME IN CASE OF EMERGENCY.

DRUG, ALCOHOL, AND BEHAVIOR RESPONSIBILITY CLAUSE

I UNDERSTAND THAT IF MY CHILD 1.) WILLFULLY AND KNOWINGLY ACTS IN A
MANNER WHICH ENDANGERS HIS/HER LIFE OR THE LIFE OF ANOTHER PERSON, 2.)
HAS IN HIS/HER POSSESSION DRUGS OR ALCOHOL, 3.) CONSUMES DRUGS OR
ALCOHOL DURING ANY EVENT OR TRIP SPONSORED BY TUSCOLA OR 4.)
REPEATEDLY DISOBEYS THE RULES OF THE GROUP, THE ADULT LEADERSHIP MAY
CONTACT ME AT ANY HOUR OF THE DAY TO ARRANGE FOR THE IMMEDIATE
RETURN HOME OF MY CHILD, PAYABLE BY ME, 5) ALL SCHOOL POLICIES/RULES
APPLY AT ALL TIMES.

PARENT SIGNATURE: _____

STUDENT SIGNATURE: _____

DATE: _____

North Carolina, Haywood County

I, _____, a Notary Public for said County and State, do hereby certify that
_____ personally appeared before me this day and acknowledged the
due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20__.

Notary Public

My commission expires _____, 20__