

**NORWELL MIDDLE SCHOOL
EMERGENCY MEDICAL RELEASE FORM**

Student's Name: _____ Student's DOB: _____

Street Address: _____ City: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Parent / Guardian Name: _____ Phone: _____

Parent / Guardian Name: _____ Phone: _____

In an emergency when parents/guardians can not be reached contact the following:

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Allergies: YES/NO if yes; allergy to: _____

*****Please complete the form in full. If questions below are not applicable please indicate none or n/a.*****

Current medical Conditions/ health concerns: _____

Current Medication student is taking: _____ dose _____ frequency: _____

Reason for taking above medication: _____

Present state of health: _____

Family Physician: _____ Phone: _____

HEALTH INSURANCE INFORMATION

Company: _____ Phone: _____

Policy Holder's Name: _____ Policy ID Number: _____

AUTHORIZATION FOR TREATMENT OF A MINOR

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents / guardians in case of emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents / guardians cannot be reached, I hereby give permission to secure proper treatment for my child as named on this form. If necessary, this includes selection of physicians and medical treatment facilities who are then authorized to perform medical treatments as deemed necessary to protect the health of my child.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over the counter medication.

Signature of Parent / Guardian: _____ Date: _____

RETURN TO NORWELL MIDDLE SCHOOL OFFICE BEFORE September 18, 2026