THOMAS JEFFERSON
INDEPENDENT DAY SCHOOL

MEDICAL RELEASE

In order to meet all legal requirements, I hereby authorize the teacher who is in charge at the time and/or Mrs. Laura McDonald, who is (are) representatives of Thomas Jefferson Independent Day School to give consent for any and all necessary emergency medical care for my child, _____, a _____ grade student, while said child is in said individual's custody.

I hereby authorize school office personnel who are in charge at the time and/or the Head of School, or the Athletic Director, to administer over-the-counter medication (i.e., Tylenol, Aspirin, Ibuprofen, Tums, etc.) for my child _____ while said child is in the care of Thomas Jefferson Independent Day School between the dates of July 31, 2018 and July 31, 2019. *I agree to notify Thomas Jefferson Independent Day School if any information on this form changes, including address, emergency telephone numbers, insurance information, medical diagnoses, or allergies.*

_____ _____

Witness Signature of Parent or Guardian

My child is required to take prescription drug medication during school hours. I hereby authorize school office personnel who are in charge at the time and/or Mrs. Laura McDonald, to administer the following prescription medication _____ for my child _____ while said child is in the care of Thomas Jefferson Independent Day School between the dates of July 31, 2018 and July 31, 2019, as long as medically required pursuant to the instructions given with the prescription.

_____ _____

Witness Signature of Parent or Guardian

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Physician _____ Address _____ Phone _____

Hospital Preference _____

Please fill out both sides of this form.

Emergency telephone numbers:

(Home) (Father's Work) (Mother's Work)

(Mother's Cell) (Father's Cell)

(Other relative) (Relationship) (Telephone number)

(Other emergency contact) (Relationship) (Telephone number)

Do you have health insurance?_____Policy name & card number _____

Drug allergies? _____ Date of last Tetanus Toxoid _____

[Prescription medication?_____]

Please indicate any special medical history/information the school should know about your child _____

(**Please attach a copy of your current insurance card and your child's current immunization record**. Both forms must be taken to the emergency room.)