

**HOUSTON INDEPENDENT SCHOOL DISTRICT  
MEDICAL RELEASE FORM**

\_\_\_\_\_  
School Name

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Please include area code*

Home Phone No.: \_\_\_\_\_ Alternative Phone No.: \_\_\_\_\_

Parent's Cellular No.: \_\_\_\_\_ Parent's Cellular No.: \_\_\_\_\_

Parent's Work No.: \_\_\_\_\_ Parent's Work No.: \_\_\_\_\_

I \_\_\_\_\_ release my daughter/son guardianship rights for the  
following date(s) \_\_\_\_\_

District employees can only administer medication that has been prescribed by a doctor. District policy requires:

- Written physician and parent consent on file for each medication to be given.
- All prescribed medication must be in the original container in which the prescription label is affixed.
- Students with asthma, life-threatening food allergies and diabetes may self-carry emergency medications with required consents.
- All other prescribed medications must be administered by an authorized district employee.
- If school personnel already administer medication in accordance with this policy, then no further action is required.

A physician and parent consent has been provided for the following prescribed medications:

1. _____ (name of medication)	Dosage _____ (amount given)	Taken at _____ (time)
2. _____ (name of medication)	Dosage _____ (amount given)	Taken at _____ (time)
3. _____ (name of medication)	Dosage _____ (amount given)	Taken at _____ (time)

My daughter/son has her/his hospital or medical card: \_\_\_\_\_ yes \_\_\_\_\_ no

In case of an Emergency please call \_\_\_\_\_ at \_\_\_\_\_  
(if parent can not be reached) (include area code)

In order to ensure a safe and enjoyable trip, please list any health conditions that your child may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below gives you permission to take my daughter/son to a hospital or medical facility, gives my permission for my child to receive medical treatment and gives my permission for the above medication to be administered to my child.

_____ Parent Printed Name	_____ Parent Signature	_____ Date
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_____ Sponsor Printed Name	_____ Sponsor Signature	_____ Date
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_____ Principal Printed Name	_____ Principal Signature	_____ Date
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