

Has your child had chicken pox? Yes No

Does your child require a special diet or food restrictions? Yes No If yes, explain _____

Does your child have any congenital conditions such as cleft lip, cleft palate, etc. Yes
No

If yes, please describe _____

Is there anything more about your child's health that you think is important for us to know? _____

Parent/Guardian Signature

Date

CONSENT FOR MEDICAL TREATMENT
EMERGENCY MEDICAL AUTHORIZATION & ACCESS TO IMMUNIZATIONS

In the event my child becomes ill or is injured I understand every reasonable effort will be made to contact me, my spouse or designated emergency contact. However, in the event no one can be reached, I authorize the attending medical personnel to provide the necessary treatment to aid, comfort and save my child. In case of a medical emergency, I authorize and give my permission to the physician selected to secure proper treatment including hospitalization, anesthesia, surgery or administration of medication necessary to save my child from any potential life threatening or debilitating illness and/or injuries.

Furthermore, I give permission for Harlem Public Schools to access my child's vaccine information in the statewide electronic immunization registry, the Montana Public Health Data System (PHDS)

Signature Parent/Legal Guardian

Date

CONSENT FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS

I hereby give permission for my child to take over-the-counter medications like Tylenol, cough drops, throat lozenges, antacids, etc. at school.

Signature Parent/Legal Guardian

Date

This form and permissions indicated will follow your child as they move through the Harlem Public School District, unless specifically revoked by the guardian.



"We are here to provide a learning environment that encourages excellence."