



**AUTHORIZED Person(s)** to whom student can be released in the event of an emergency, illness, early dismissal, or other event. **NO student will be released to ANYONE OTHER than the parents/guardians or adults listed below without written permission from Parents/Guardians.** In the event of an emergency and parents/guardians cannot be reached, students will be transported to *United Hospital Center* for treatment.)

Name	Phone #	Relationship to Student

*\*Please list person(s) NOT allowed to pick up student:* \_\_\_\_\_  
 \_\_\_\_\_

**Student Medical Information**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies/Special Health Conditions: \_\_\_\_\_  
 \_\_\_\_\_

Is student is under the care of a psychiatrist, psychologist or counselor?  Yes (see below)  No

*If YES:* Provider's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please list any medications student is taking and the condition it is prescribed for:**

Medicine: \_\_\_\_\_ Prescribed for: \_\_\_\_\_

Medicine: \_\_\_\_\_ Prescribed for: \_\_\_\_\_

*\*All information provided is confidential.*

**Legal/ Custodial/ Other:**

Are there any COURT-MANDATED custody/visitation orders limiting access to this student? (Including cases of divorce where there is a custodial agreement, or in cases of Legal Guardianship.)  YES\*  NO

Is either parent legally restricted from school communications/mailings?  YES\*  NO

*Unless there are specific court-imposed restrictions, the non-custodial parent, upon request shall receive a copy of the child's report card, school attendance, and any other records customarily available to parents.*

**\*A copy of any legal Custody/ Parenting Agreement MUST be on file in the SMS office\***

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**