

Innovations International Charter School of Nevada

**Medical Permission Form
Student Information**

I, the parent/guardian of _____ (my child), authorize and direct Innovations International Charter School of Nevada to obtain medical care for my child in the event such care is reasonably needed. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital, the permission to perform any reasonably necessary medical/surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release Innovations International Charter School of Nevada, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

(Parent/Guardian Signature)

(Date)

Innovations International Charter School of Nevada

**MEDICAL PERMISSION FORM
STUDENT INFORMATION**

Name: _____
Last First Middle Initial

Date of Birth: _____ Home Phone: _____

Address: _____
Number & Street City Zip Code

EMERGENCY INFORMATION

Parent's Name: _____
Father Mother

Work Phone: _____
Father Mother

Emergency Contact (If both parents cannot be reached) _____

Relationship to child: _____ Phone Number: _____

Physician's Name and Number: _____

BRIEF MEDICAL HISTORY

Special Health Concerns (allergies, asthma, etc) _____

Allergic to any medications? If yes, please list: _____

Current medications: _____

Daily dosage: _____ If you are taking medications regularly, please bring a supply in a labeled container to school and complete the permission to medicate at school form.

Asthma ___ Yes ___ No Medication: _____

Diabetes ___ Yes ___ No Medication: _____

Epilepsy ___ Yes ___ No Medication: _____

Heart ___ Yes ___ No Medication: _____

Should activity be restricted? If yes, explain: _____

Are there any prescription or non-prescription drugs that should NOT be administered? If yes, please list: _____