Murrieta Valley USD

Emergency-Release/Health Form

School Year _____

School _____

Last Name _____

_____ _____ _____ _____ _____ _____

Last Name *First Name* *Middle Name* *Grade* *Date of Birth* *Sex*

_____ _____ _____ _____

Address *City, Zip* *Student Cell Phone* *Student Email Address*

Parent/Guardian Contact Information

Parent/guardian active duty military? ☐ Yes ☐ No

Student lives with: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Guardian/Other

Father's Full Name	*Work Phone*	*Cell Phone*	*Father's Email Address*
Mother's Full Name Step-	*Work Phone*	*Cell Phone*	*Mother's Email Address*
Father's Full Name	*Work Phone*	*Cell Phone*	*Email Address*
Step-Mother's Full Name	*Work Phone*	*Cell Phone*	*Email Address*

Additional Emergency/Release Contacts

Name	*Home Phone*	*Cell Phone*	*Relationship*
Name	*Home Phone*	*Cell Phone*	*Relationship*
Name	*Home Phone*	*Cell Phone*	*Relationship*

*****List those individuals to whom your child MAY NOT be released under LEGAL custody provisions. (Legal papers must be on file at school)

Siblings (Names of all children in your family) if 18 yrs old, can they pick-up sibling? ☐ Yes ☐ No

Name	*Age*	*School*	*Name*	*Age*	*School*
Name	*Age*	*School*	*Name*	*Age*	*School*

Health History

Please check any health problems and/or medications your child requires at school or home. If medication is taken at school, written parent & physician authorization must be on file and renewed annually. Inhalers are allowed to be carried if student is able to demonstrate proper administration, safety and knowledge of medication and parent and physician permission and authorization are on file and renewed annually. (**PLEASE EXPLAIN ANY CONDITIONS BELOW**)

☐ ZAA - No Known Health Problems	☐ ZCB - Cardiac Problem - PE Restriction *(Explain)*	☐ ZHI - Hearing Impaired *(Explain)*
☐ ZAB - Anxiety/Emotional Disorder *(Explain)*	☐ ZCD - Cardiac Problem - No Restriction	☐ ZHM - Hemophilia - (Limitations?) *(Explain)*
☐ ZAD - Attention Deficit Disorder - Takes Meds	☐ ZCP - Cerebral Palsy	☐ ZKT - Kidney Disorder *(Explain)*
☐ ZAE - Attention Deficit Disorder - Takes No Meds	☐ ZCV - Color Blindness	☐ ZLX - Latex Allergy
☐ ZAI - Autism	☐ ZCF - Cystic Fibrosis	☐ ZMC - Menstrual Cramps (Meds @ School?) *(Explain)*
☐ ZAL - Allergies - Seasonal	☐ ZDD - Down Syndrome	☐ ZMH - Medication taken @ Home? *(Explain)*
☐ ZAR - Arthritis - (Limitations?) *(Explain)*	☐ ZDI - Diabetes - Type 1 - Insulin @ School *(Explain)*	☐ ZPE - PE Restriction *(Needs Dr.'s note)*
☐ ZAS - Asthma-mild - No meds at School	☐ ZDN - Diabetes - Type 2	☐ ZSB - Spina Bifida
☐ ZAT - Asthma-Carries Inhaler-Need Med Auth	☐ ZEA - Eating Disorder *(Explain)*	☐ ZSC - Scoliosis
☐ ZAU - Asthma-Inhaler-Kept in Health Office	☐ ZFA - Food Allergy *(Explain)*	☐ ZSE - Seizure Disorder/Epilepsy *(Type/frequency)*
☐ ZBB - Bee Sting Allergy - Has Epi-Pen	☐ ZGD - Genetic Disorder *(Explain)*	☐ ZTR - Tourettes Syndrome
☐ ZBE - Bee Sting Allergy - No meds at School	☐ ZGI - Gastrointestinal Problems *(Explain)*	☐ ZVI - Visually Impaired, Blind
☐ ZBL - Blood Disorder *(Explain)*	☐ ZGR - Growth Disorder *(Explain)*	☐ ZZZ - Other
☐ ZBP - High Blood Pressure *(Restrictions?)*	☐ ZHD - Previous Head Injury *(When)*	
☐ ZCA - Cancer/Leukemia *(When?)*	☐ ZHE - Headaches/Migraines *(Medications?)*	

Explanation: _____

Medication (types and doses): _____ Need to be taken at school? (Dr's Authorization required) ○ Yes ○ No

Health information is confidential and is shared with staff on a need to know basis. Please contact the school nurse if you have any questions.

Parent/Guardian Signature _____ Date _____

Signature of parent/guardian is required for permission for emergency treatment, including verification of health concerns and permission to discuss/share information with appropriate staff or physician, if necessary. Please notify the school of any changes to this document.

Rev - Feb 2014