

Open Kitchen Parent Permission & Medical information Form

Student Information

First Name _____ Last Name _____

Preferred Name (Nickname) _____ Date of Birth ____/____/____

School Attending _____ Grade _____

Parent/Guardian _____ Relationship _____

Parent/Guardian _____ Relationship _____

Student's Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail (Parent/Guardian) _____

E-Mail (Student) _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____ Cell Phone _____

Name of Doctor _____ Phone Number _____

Please note any special needs (hearing aids, glasses, leaning disabilities, physical limitations, etc.) _____

Allergies (Food, Medical, or Environment) _____

Reaction Caused _____

Insurance Information

Carrier or Plan Name _____ Group # _____

Name of Insured _____ ID # _____

Permission to Administer Medications and Seek Medical Attention

I give my permission to Redmond UMC to give the following medication (or the generic equivalents) to my child, in accordance with the recommended package dosing for the specific indications listed below: (Check each one)

- | | |
|---|---|
| <input type="checkbox"/> Tylenol for mild fever and discomforts | <input type="checkbox"/> Antacids for upset stomach |
| <input type="checkbox"/> Ibuprofen for mild fever and discomforts | <input type="checkbox"/> Topical Creams for itching, sunburn, or insect bites |
| <input type="checkbox"/> Benadryl for allergy symptoms | <input type="checkbox"/> Anti-diarrhea medications for diarrhea |
| <input type="checkbox"/> Sudafed for allergy symptoms | <input type="checkbox"/> Throat Lozenges for coughing and/or sore throat |

Please list any medication that your child may not take _____

Open Kitchen coordinator, Pastor, Safety Officer or their representative is authorized to seek any and all emergency health care.

Parent Signature _____ Date _____

