



St. Cyprian Catholic School

Medical Information and Emergency Notification Form

Student's name (Last Name, First Name, Middle Initial)

Date of Birth

I hereby acknowledge that I have received and read the School Medication Procedures. I understand that I am primarily responsible for all medical decisions regarding my child and that under the School Medication Procedures, and that the administration or self-administration of medication to my child will not be allowed unless I have complied with the requirements of the School Medication Procedures.

_____ has the following medical conditions:
(Student's Name)

In case of an emergency involving this student, please contact:

Parent or Guardian

Daytime telephone

Other Telephone

Other Emergency Contact:

Individual

Daytime telephone

Other telephone

X

Signature of Parent/Guardian

Date