



Student Name

Grade

Teacher

**PIEDMONT PUBLIC SCHOOLS
STUDENT INFORM & CONSENT**

MEDICAL CONDITIONS

Allergies _____

Health Problems _____

Physical Limitations _____

Regular Medications (even if just given at home) _____

Past Illnesses/Surgeries _____

Hospital Preference _____

TREAT & TRANSPORT

In case of an emergency situation involving your child, school administrators will make every effort to contact you. However, in a life-threatening situation, they will proceed with calling 911. Once paramedics arrive, all decisions will be made by them until you are available, including the decision if, when and where to transport to a medical facility.

CONSENTS

- yes no Permission for vision/hearing/speech/dental/scoliosis screenings.
- yes no Permission for district sponsored field trips.
- yes no Permission to receive automated phone calls from the school district.
- yes no Permission to receive text messages from the school district.

Parent Signature

Date

*For information regarding release of directory information, see school handbook.