



- YES NO **PHOTO IN NEWSPAPER OR ON INTERNET**  
I consent to having my child’s photo placed on the internet or in the local newspaper in connection to school activities.
- YES NO **PAIN RELIEVER/ANTACID/OTC COLD MEDICATION ADMINISTRATION**  
I authorize the school nurse or office staff to administer Tylenol/Acetaminophen, Ibuprofen, OTC Cold Medication or chewable Antacid to my child if needed at school. A phone call to parent will be made if the problem persists.
- YES NO **MEDICAL INFORMATION RELEASE** I hereby authorize the release of my child’s medical information to those members of the school staff routinely coming into contact with my child, with the understanding that these staff members will then keep that information confidential.

**HOSPITAL PREFERENCE:** (Circle One) St. John’s / Memorial

**ALLERGIES AND OTHER PERTINENT INFORMATION** (also asthma, inhaler, etc.):

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**MEDICATION TAKEN ROUTINELY AT HOME** \_\_\_\_\_

- Yes No **Military Information**-I give permission to release my child’s directory Information(name, address, and phone number) to the branches of the military upon their request.
- Yes No **12th Grade Only- ACT Permission**-It is not mandatory that the ACT portion of the Prairie State Exam be put on the transcript when sent to colleges. Please circle your preference as to whether you want your ACT scores released.

In the event of sudden sickness, accident or emergency and immediate care is needed, or the parents or emergency contacts cannot be reached, we give permission to take our child to the doctor or to the hospital, or send him/her by ambulance. The school is also authorized to grant permission for treatment. (If parent chooses not to sign above authorization, detailed instructions for handling emergencies should be provided on an additional sheet.)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**If there are any changes in emergency information,  
please notify the office or nurse at 636-8314.**