



FERPA MEDICAL RELEASE

STUDENT NAME: _____

Recognizing medical treatment on an emergency basis may be necessary and school personnel may be unable to contact me, I consent in advance to emergency care, including ambulance transportation and hospital, as may be deemed necessary under the then-existing circumstances. Yes NO

Recognizing medical information about a student may need to be shared with school district staff, I consent to the sharing of medical information and emergency procedures or protocols for my child with the appropriate school personnel. Yes NO

I understand prescription medications that need to be taken at school must be in the original container with the prescription label attached and must be taken to the office/nurse's office. Written parent authorization is required for school personnel to administer the prescribed medication or to supervise the student self-administering the medication. A parent or guardian must authorize school personnel to administer any non-prescription medications according to label instructions. Any non-prescription medication brought to school from home must be in the original container and must be stored in the office.

I understand immunization records must be provided to the school within thirty days of enrollment or my child will be excluded from school in accordance with Oregon Law.

Parent Printed Name: _____

Parent Signature: _____ Date: _____