



\_\_\_\_\_ 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.