

**The Lutheran School of the Miami Valley**  
**EMERGENCY MEDICAL INFORMATION**

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
GRADE ENTERING

MEDICAL INFORMATION:

\_\_\_\_ I will supply the school with a copy of my child's **current immunization** record. **(REQUIRED BY STATE LAW)**  
**This record may be faxed from physician's office to 224-7111 for St. Paul's, or 253-3426 for St. Mark's.**

\_\_\_\_ Student is currently on medication. List medications and reasons: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Student has food/insect/environmental allergies. Specify allergy and list known restrictions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I will complete a **Parent Request and Release for the Administration of Oral Medications at School.**

*This form is required under Ohio Law S.B. No. 262.*

\*Both parents must sign this release if they are living with or have custody of child/children. If parents are separated and both still retain legal custody, both parents must sign the release. If the child/children are in a foster home and placement is by agency that holds custody, the agency must sign the release.

\*The physician must sign the portion of this form titled **Physician's Request for Assistance in the Dispensing of a Prescribed Medication.**

\*The school will not assume responsibility for application of ointments, change of dressings, or injections.

\*\*The medication must be in the container in which the physician or pharmacist dispensed it.

\_\_\_\_ Student has a physical and/or psychological limitation (ADD, LD, Gifted, Handicap, etc.) Explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I will supply the school with the doctor's and/or psychologist's reports.

\_\_\_\_ Student has been tested/evaluated.

PICK-UP PERMISSION AND INFORMATION:

I, \_\_\_\_\_, hereby give permission for my child to be picked up at The Lutheran School of the Miami Valley, by the following persons:

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**BOTH SIDES OF THIS FORM MUST BE COMPLETED**