Emergency Contact & Medication Consent Form
2026-27

_____ _____
Date Parent Signature

Student Name _____ Grade _____ DOB_____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell _____ Email _____

Pick up Persons:

_____
Father/Guardian Employer Work Phone

_____
Mother/Guardian Employer Work Phone

_____
Other Phone Other Phone

Medical Information:

List any allergies the student may have (include medications):
_____
_____

List any medications student takes every day or seasonally: _____
Any medication taken at school must be kept in the school office and in the original container. Grymes Memorial School requires that prescription and non-prescription drugs (including vitamins and aspirin) may be given to a child only with a parent's or guardian's written consent.

Please check all medications your child may receive at school as needed:

Medication	Yes	No	Medication	Yes	No
Ibuprofen			Pepto Bismol		
Tylenol			Cough Drops		
Tums			Benadryl		

_____ _____
Signature of Parent or Guardian Date

Please turn over

Family Doctor _____ Doctor's Phone Number _____

Family Dentist _____ Dentist's Phone Number _____

Insurance Provider _____ Policy Number _____

Grymes Memorial School Emergency Medical Authorization

In the event of a serious accident or illness, I request the school to contact me. If I cannot be reached, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility for payment of services rendered.

In the case of an accident or illness where immediate treatment of my child is not needed, but where (s)he is unable to remain in school, I request that the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact either, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child. Grymes Memorial School DOES NOT provide benefits for injuries.

_____

Date Signature of Parent or Guardian