

COMMONWEALTH-PARKVILLE SCHOOL

PARKVILLE CAMPUS

Alabama Final Urb. Parkville
Guaynabo, P.R. 00969
(787) 731-6077 & 731-6078 FAX (787) 272-8150

COMMONWEALTH CAMPUS

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MEDICAL RELEASE FORM

School Year _____ - _____

Student's Name _____ SS# _____

Date of Birth _____ Grade _____

Address: _____

Mother's Name _____ Home Telephone # _____

Work Telephone # _____

Cel. Telephone # _____

Father's Name _____ Home Telephone # _____

Work Telephone # _____

Cel. Telephone # _____

Child lives with _____

Emergency Telephone Number _____ Person to contact _____

Relation to student _____

Person authorized to take student from school other than parents: _____

Telephone Number _____ Relation to student _____

Student's significant medical conditions _____

Allergies _____

Drug reactions _____

In case of emergency, I authorize Commonwealth-Parkville School, Inc. Headmaster, directors, teachers, and athletic supervisors and/or any staff member to exercise their best judgement as to treatment needed and facilities to use. If possible, I request that my child be taken to _____, that

Name of Hospital

he/she be accompanied by any member of the staff and that _____ be

Name and telephone number of physician

notified as soon as reasonably possible.

I further grant the staff of the hospital my full permission to perform any treatment they judge necessary to ensure the welfare and the wellbeing of my child on such occasion. This permission is granted even though I, or other legal guardians of my child are not present or cannot be contacted at the time such emergency treatment is needed.

I grant my child permission to take Tylenol or Benadryl or their generic equivalent in the event he/she should need it during school hours.

YES _____ NO _____

Mother's Signature (guardian)

Father's Signature (guardian)

Date