

**MIZEI JUDS**  
**School Year 2021-2022**

**STUDENT HEALTH HISTORY**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**General Health Concerns:**

Diagnosed with any special conditions Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

Please list seasonal, food, insects (bee/wasp), animals, etc., and what type of reaction to expect:

\_\_\_\_\_

\_\_\_\_\_

**EpiPen** (Parent Provided) permission to administer—YES\*/ No

\*Fill out medication list below **AND** make an appointment with the office to demonstrate proper technique and explain under what conditions/symptoms we should use the EpiPen.

**Asthma:** Yes / No

Will the child have an inhaler at school? YES\* / No

\*Fill out medication list below **AND** make an appointment with the office to demonstrate proper technique and explain under what conditions/symptoms the child should use the inhaler.

**Please list all prescribed or OTC medications child is taking and indicate with an (S) School and/or (H) Home and/or (both):**

Medication	Purpose	Dosage	Time	Doctor/OTC	(S) (H) (both)
1. _____					
2. _____					
3. _____					

**Authorization for School to Dispense Non-Prescriptive Medication:**

Please circle one:

Yes / No / Call First **Tylenol**

Yes / No / Call First **Ibuprofen**

Yes / No / Call First **Benadryl**

Yes / No / Call First **Upset Stomach Chewable**

This consent will remain in effect for the 2021-2022 school year.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

# Mizel JCDS

## School Year 2021-2022

### **STUDENT HEALTH INSURANCE INFORMATION AUTHORIZATION FOR EMERGENCY CARE TO A MINOR**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_ Group#: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_

In the case of illness or accident and a child requires emergency medical attention, an attempt will be made to notify parents. If the parent(s) or other authorized contact cannot be reached, the child will be taken to the closest emergency room. The school does not assume responsibility for the payment of hospital, doctor or ambulance fees.

I/we the undersigned parent(s) or legal guardian(s) of the minor listed above:

Do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma hospital service that may be rendered to said minor under the general, specific or special consent of:

*THE MIZEL JCDS DIRECTOR OR DULY APPOINTED AGENT OR APPOINTEE*

acting as the temporary guardian of the minor child; whether such diagnosis or treatment is rendered at the office of the physician or dentist or at a licensed hospital. I/we authorize the physician or dentist to call in any necessary consultants.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those who have temporary custody of the minor and said physician or dentist, to exercise his/her best judgment as to the requirement of such diagnoses of medical, dental or surgical treatment, including administration of any medications that may be medically necessary.

This consent will remain in effect for the 2021-2022 school year.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**MIZEL JCS**  
**School Year 2021-2022**

**STUDENT EMERGENCY CONTACT  
AUTHORIZATION TO RELEASE STUDENT TO INDIVIDUALS  
OTHER THAN PARENT/LEGAL GUARDIAN**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**In the case of an emergency, we will make every effort to contact you first.  
Please list all phone numbers:**

Mother or Legal Guardian:

Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father or Legal Guardian:

Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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If we are unable to reach you, we will attempt to contact the following people:

I hereby grant permission for the people listed below,  
to be contacted and/or pick-up my child.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

This consent will remain in effect for the 2021-2022 school year.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

# Mizel JCDS

## School Year 2021-2022

### **AUTHORIZATION FOR EXTRACURRICULAR ACTIVITIES, FIELD TRIPS and MEDIA PUBLICATION**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned, being the parent/legal guardian of, \_\_\_\_\_, a minor child, hereby grant permission for said minor child to participate in the extracurricular activities and/or field trips being conducted or allowed by Mizel JCDS, during the school year.

In this regard, the undersigned recognizes, that certain risks are present in any endeavor and hereby releases Mizel JCDS and its employees, of and from any and all liability which might arise from injuries to said minor child as a result of said activity.

The undersigned do further grant to Mizel JCDS and its employees, the right to arrange transportation for said activity of a type and nature as it shall deem proper, and further grants to Mizel JCDS and employees the right to administer or arrange for any necessary emergency treatment that said minor child may require as a result of any occurrence regarding said activity; all without liability on behalf of Mizel JCDS.

My child's photo may be published with \_\_\_\_\_ without \_\_\_\_\_ his/her name in publications and/or social media.

### **RESPONSIBILITY FOR SCHOOL PROPERTY**

We the parents, agree to pay for any *intentional* damage to school property/equipment such as, but not limited to: books, iPads, Chromebooks and computers.

This consent will remain in effect for the 2021-2022 school year.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date