



MURRAY CITY SCHOOL DISTRICT MEDICAL CONCERN INFORMATION SHEET

NAME _____ GRADE _____

I understand that all medical information is confidential and give permission to share this information on a professional basis with school personnel as deemed necessary.

Medical Concern(s):

Special instructions:

In case of emergency, we will notify the parent or emergency contact listed on the registration form. Parents are responsible for updating emergency information.

Physical activity and exercise are very important and any exemptions require a medical excuse from the physician.

Any medications that are to be administered to students require a physician's order. A Student Medication Authorization Form or Student Self-Administered Medication Authorization Form (secondary students only) must be completed by the parent or guardian and turned into the school office. Medications must be brought in their original container. You may request this form by contacting the school secretary, or by downloading it from www.murrayschools.org (choose "Parents" and then "Health Services").

Parent/Guardian _____ Date _____

**Once completed, either save and e-mail to the school secretary, or print and give to the school secretary.*