City of Thornton

MEDICAL RELEASE FORM

Only fill out this and the following medical pages if your youth has allergies, asthma, or medical needs.

Please fill out:

1. This Medical Release Form

OR

1. Medication Administration in School or Youth Care (filled out by your youth's physician)
2. Colorado School Asthma Care Plan/Allergy and Ananphylaxis Action Plan and Medication Orders (filled out by your youth's physician)

My youth _____, DOB_____,

has various allergies and/or asthma. They consist of _____

_____

They do not require use of an EpiPen, inhaler or any other form of medication while at school. Therefore, I will not be providing the school with any medications.

Please watch for the symptoms listed below. Please contact me at the number below if my youth has been exposed to any of the above allergens. I agree to keep my youth home if they have any symptoms of these allergies and/or asthma.

_____

_____

_____

_____

_____

Names of people and numbers to call (in order):

1. _____ _____

2. _____ _____

3. _____ _____

4. _____ _____

Parent Signature: _____ Date: _____