



**Medical Permission Form**

Student's name \_\_\_\_\_

Please list any allergies or medical conditions we should know about. Include any actions NISOM should take in the event of an emergency relating to these conditions (e.g., administer Epi-pen student carries in backpack). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I authorize NISOM to administer basic first-aid and call 911 if necessary. Yes / No

Guardian/parent's printed name \_\_\_\_\_

Guardian/parent's signature \_\_\_\_\_ Date \_\_\_\_\_