

**MARQUETTE AREA PUBLIC SCHOOLS**  
**ATTENTION: MARQUETTE SENIOR HIGH SCHOOL STUDENTS**

**PLEASE RETURN TO MSHS DURING SCHEDULE PICK-UP DAYS**  
**(AUGUST 23, 24, 25, 26)**

**Parents/Guardians:**

**To help us keep your child's health record up to date, please provide MSHS with the following information if your child has any health conditions.**

Student's Name\* \_\_\_\_\_ Grade \_\_\_\_\_

**RELEASE OF MEDICAL INFORMATION**

LIST ANY HEALTH CONDITIONS OF WHICH WE SHOULD BE AWARE:

*(Please indicate with an (\*) any conditions that are considered "critical" in the event of an emergency.)*

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LIST ANY MEDICATIONS YOUR CHILD IS RESPONSIBLE FOR

CARRYING/ADMINISTERING (INCLUDING INHALER): (Please refer to Board Policy #5330)

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**I understand the information on this form will become part of my child's permanent school record. Information on this form may be shared with those persons identified by the school district (i.e. teachers, nurses, guidance personnel) when there is a legitimate interest. If you refuse written consent and it is deemed necessary to share medical information, the superintendent will make the final determination of what and to whom personally identifiable medical information will be released.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent/Guardian)

\*Only one copy of this mailing has been sent per family. Therefore, if you have more than one student attending MSHS with any health conditions, please copy this form or pick up additional forms in the high school office. This form is also available on the MAPS website [www.mapsnet.org](http://www.mapsnet.org) under Schools/Marquette Senior High School/MSHS Downloads.\*