

Byram Hills School District Armonk,  
New York

**HCC After School Medical Emergency Release Form**  
*(Must be Filled out by Legal Guardian)*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medical Information**

**Daily medication?** \_\_\_\_ No \_\_\_\_ Yes

If yes, explain:

**EpiPen?** \_\_\_\_ No \_\_\_\_ Yes

**Inhaler?** \_\_\_\_ No \_\_\_\_ Yes

**Known Allergies?** \_\_\_\_ No \_\_\_\_ Yes

If yes, explain:

Phone number where you may be reached in case of an emergency:

\_\_\_\_\_

Alternate emergency contact name and phone number if you cannot be reached:

\_\_\_\_\_

I give permission for the Byram Hills Central School District employee to take my son/daughter for emergency care, if necessary, during the HCC After School Intramural Program sessions.

\_\_\_\_\_

(Print First and Last Name)

\_\_\_\_\_

(Parent/ Guardian Signature)