

## HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY SPECIFIC PHYSICAL and/or HEALTH PROBLEMS? YES NO  
 CHECK ANY OF THE FOLLOWING MEDICAL CONDITIONS YOUR STUDENT HAS.

Asthma	Blood Abnormalities	Cardiac	Diabetes	Neurological	Psychological	Orthopedic
Convulsive Disorder/Seizure		Other: Be Specific			Other: Be Specific	

LIST ANY MEDICATION(S) THE STUDENT IS ALLERGIC TO: (Be Specific)

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LIST ANY OTHER ALLERGIES THE STUDENT MAY HAVE — BE VERY SPECIFIC WHEN LISTING

Food (e.g.) peanuts	Products (e.g. Latex)
Insects	Other (e.g. molds, dust)

LIST PHYSICIANS (S) OR SPECIALIST(S) PROVIDING CARE TO ANY OF THE ABOVE MEDICAL OR ALLERGY CONDITIONS:

Condition:	Doctor's Name	
Address	City	Zip
Condition	Doctor's Name	
Address	City	Zip

LIST ANY MEDICATION(S) THE STUDENT IS TAKING AND THE REASON FOR THE MEDICATION.

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PERMISSION TO ADMINISTER MEDICATION FORMS ARE REQUIRED FOR ANY OF THE FOLLOWING MEDICATIONS ADMINISTERED AT SCHOOL (forms are available in Attendance Office). Please check those medications that will be administered at school.

Epi Pen	Benadryl	Peak Flow Meter
Blood Sugar Test	ADHD	Any Prescription Medication (e.g., Tylenol 3)

STUDENT'S PRIMARY PHYSICIAN: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_ Policy Number \_\_\_\_\_

IN CASE OF EMERGENCY the school authorities have my permission to take such action as they deem necessary.

\_\_\_\_\_  
Parent/Guardian Signature      Date

Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available, Please read and check ONE of the following statements. (Witnessed signature required.)

\_\_\_\_\_ In case of an injury or illness involving my son/daughter, \_\_\_\_\_, and when neither parent/guardian can be reached at the phone numbers provided, WE AUTHORIZE emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.

\_\_\_\_\_ In case of an injury or illness involving my son/daughter, \_\_\_\_\_ and when neither parent/guardian can be reached at the phone numbers provided, we DO NOT give our consent for any medical treatment, including where illness or injury may require emergency treatment We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.

\_\_\_\_\_  
Parent/Guardian Signature      Date      Witness Signature (Required)      Date

