

Student Medical Information Form

Student Name: _____ Date: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Home Address: _____

(Street)

(City, State, Zip Code)

Father's Full Name: _____

Home Phone: _____ Cell: _____

Father's Place of Employment: _____

Work Phone: _____ Hours: _____

Mother's Full Name: _____

Home Phone: _____ Cell: _____

Mother's Place of Employment: _____

Work Phone: _____ Hours: _____

Stepparent/Guardian's Full Name: _____

Home phone: _____ Cell: _____

Stepparent/Guardian's Employment: _____

Work Phone: _____ Hours: _____

Is the student currently taking any medication? YES NO

If yes, please list: _____

Does the student have any allergies? YES NO

If yes, please list: _____

List any ailments of which the school personnel should be made aware of: (diabetes, heart condition, etc.)

Date of last tetanus shot: _____

Name of Health Insurance: _____

(Address)

(Phone)

(Policy #)

I give my permission for the following to be administered to my child by a school official: Tylenol, Pepto Bismol, Other (be specific)

If the school cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name: _____ Relation to Child: _____
Address: _____
Phone: _____ Cell: _____

Name: _____ Relation to Child: _____
Address: _____
Phone: _____ Cell: _____

If none of the above can be reached by phone, and emergency treatment is required, may the school authorities use their own judgment in treating the child? YES NO

If no, name preferred hospital: _____
Preferred doctor: _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information much be changed, I will notify my child's school in writing. It is understood and agreed that the child and his/her/parent/guardian shall hold the Wayne Highlands School District and it's employees from any and all lawsuits, claims, demands, expenses, or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in the school's care.

Parent's Signature: _____
Date: _____