

4. Doctor: _____ Phone: _____

Health Insurance Company _____ Plan: _____

5. Dentist: _____ Phone: _____

Medical Conditions/Problems: Check **ALL** that apply

Nothing Known	asthma	bee sting allergy
cardiac	peanut allergy	hemophiliac
diabetic	aspirin allergy	nose bleeds
headaches	penicillin allergy	latex allergy
contact lenses	iodine allergy	hearing problems
wears glasses	sulpha allergy	epileptic/seizure disorder

Other allergies or medical conditions: _____

Takes medication regularly (please indicate which medications, for treatment of what disorder, and how often _____

Does your child require medication (including non-prescription) during school hours? Yes No

If yes, an "Authorization to Administer Medication" Form must be completed and signed by the parent. Forms can be obtained from the school office.

Does your child have any physical restrictions? Yes No

If yes, please explain: _____

Are there any before/after school arrangements which we should be aware of? Yes No

If yes, please explain: _____

Please list the names of people your student may carpool with:

In an emergency, the information on this form could be imperative to the welfare of your child; thus we ask that you carefully fill it out and promptly return it to the school. Also, PLEASE KEEP THE SCHOOL INFORMED OF ANY CHANGES THAT MAY OCCUR DURING THE COURSE OF THE SCHOOL YEAR REGARDING ADDRESS AND PHONE NUMBERS. This information is also important in the event that the school must be dismissed early due to weather conditions or mechanical failure in our building. Your child should know what to do in these situations. Please inform your child of the procedure he/she is to follow when no one is at home in the event of early dismissal.

I authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident, when I or the other person(s) listed on the form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____