

Health and Emergency Information

Student's full Name: _____

Does your child have any serious allergies? Yes ☐ No ☐

If Yes, please explain: _____

Has your child had any serious childhood illnesses or accidents? Yes ☐ No ☐

If Yes, please list: _____

Has your child had any surgeries? Yes ☐ No ☐ If Yes, please list: _____

Does your child have any specific medical problems or physical limitations that we should know about? Yes ☐ No ☐

If Yes, please explain:

Topical and/or first aid items may be utilized by school personnel unless there is a specific objection by the parent/legal guardian. Please list any topical or first aid items that are **NOT** to be used:

Administration of all prescription medication or non-prescription medication will require a separate authorization form that may be obtained from the secretary of the building your child is attending. Any additional medication or changes made during the school year will require a new form.

I understand that in the event of an emergency, every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize any physician, surgeon, dentist, or the medical staff at the nearest medical facility to administer any emergency treatment, procedure, or medicine necessary and advisable. I also authorize the use of an ambulance, if necessary, to transport my child. I further agree to pay for all services provided for my child.

If this is not satisfactory, please list specific emergency instructions in the event you cannot be reached: _____

Signature of Parent/Legal Guardian

Date: _____