

STUDENT HEALTH INFORMATION SHEET
(2013-2014 School Year)

Student Name _____ **Grade** _____

Please list any allergies to medication, bees, etc.

Please list any current medications that your child is taking

Any other health concerns

Doctor's name _____ **Phone** _____

~ In case of emergency, if I or a member of my family cannot be contacted, I give permission for school authorities to seek medical treatment for my child, and I will assume responsibility for such emergency expenses.

MEDICAL CONDITIONS:

Please state any medical conditions that the school authorities might need to be made aware of and any medications a student needs to take during the school day.

_____ By signing below, I hereby consent that the above information may be released as needed to certain school personnel that may include the following: substitute nurses and health room assistants, grade level teachers and assistants, substitute teachers, transportation, cafeteria, childcare, special teachers, secretaries, counselors, principals and assistant principals.

Parent Signature