

Student's Legal Name _____
(Last) (Middle) (First) (Preferred)

Birth date _____ Grade _____ Gender: Male ___ Female ___

In case of a medical emergency and I cannot be reached, I authorize my child's doctor or any attending physician to administer emergency medical treatment for the child listed on this form. As parent or guardian, I agree to assume all cost of treatment. Yes _____ No _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Preferred Hospital _____

Health Information (check all that apply): ***2-sided***

Does the student have:	No	Yes	Please explain "yes" answers
ALLERGIES (food, environmental, medicine) – <i>list any reactions that may occur</i> <i>EPI PEN carried? Yes/No</i>			
Asthma/ Reactive Airway Disease <i>Inhaler Dependent Yes/No</i> <i>Rescue inhaler needed at school Yes/No</i>			**Self carries: Yes / No
Diabetes <i>Insulin Dependent Yes/No</i>			
Emotional/behavioral concerns: ADD/ADHD <i>(please specify); any medication needed?</i>			
Seizures/neurological disorder: <i>Type of seizure(s)?</i> <i>Medication Required Yes/No</i>			
Medications to be given at school			**list on separate medication administration form***
List any other Medical conditions we should be aware of			
List any Surgical operations, injuries requiring medical attention or hospitalization			
Glasses /contacts/ both (please circle) <i>Date of last eye exam</i>			
Hearing aid(s)			
Medications given at home (include name, time needed, dosage, and reason)			

Permission to give as needed: (yes or no)	Yes	No	
<i>Anti-itch cream/hydrocortisone cream</i>			
<i>Topical antibiotic ointment</i>			
<i>Tape or latex allergy??</i>			

**** NO medications will be provided by Seymour Community Schools. Parents must supply any needed/wanted medications for their student(s) with signed permission.**

***Note to parents: Health information is shared with school staff that have a legitimate educational interest regarding the student.**

Parent/Guardian Signature

My relationship to this student is: _____

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____