
LAST NAME	FIRST	MIDDLE	NAME USED AT SCHOOL
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MEDICAL INFORMATION:

The school will notify the parents if there is any adverse reaction to medication, illness, or exposure to a communicable disease. A student may *NOT* attend school if he/she is ill or has a communicable disease as defined by the posted communicable diseases chart, or **has had a temperature of 100° or more in the last 24 hours**. Other reasons for exclusion from school are contagious symptoms such as, but not limited to, rash, diarrhea, or sore throat.

Student's Pediatrician/Primary Care Provider _____ Telephone _____

Dentist _____; Orthopedist _____; Ophthalmologist _____

Preferred Hospital/ER _____

Health Insurance Carrier _____ Policy # _____ Group# _____

You have permission to treat my child in a medical emergency if I cannot be reached.

Parent/Guardian Signature	Date
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List the name, dosage and schedule of any medicines taken on a regular basis. If the student is to be given medication (prescription or non-prescription) during school or extended day hours, an authorization form must be on file in the Division Office.

Please place an "X" in the appropriate column:

	<u>yes</u>	<u>no</u>		<u>yes</u>	<u>no</u>
Has a doctor ever prescribed glasses?	___	___	Does the child have any muscular or skeletal defects of which the school should be aware? *	___	___
Does the student wear glasses?	___	___	Are there physical reasons for limiting participation in physical education or strenuous physical activities? *	___	___
Does the student wear contact lenses?	___	___	Does the child have an EpiPen prescribed*	___	___
Has a doctor ever diagnosed any loss of hearing?	___	___	Date of most recent tetanus inoculation	___	___
Is hearing aid used?	___	___	*If yes, please explain:	_____	
Has the child ever had:				_____	
Asthma *	___	___		_____	
Diabetes	___	___		_____	
Epilepsy*	___	___		_____	
Rheumatic fever	___	___		_____	
Allergy *	___	___		_____	
Severe reaction to stings or bites*	___	___		_____	

Please list any special needs or conditions that may be helpful to us as we work with your child.

The student above does _____ does not _____ have permission to attend all school-related field trips.

Parent/Guardian Signature	Date
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(Please Complete Reverse Side)