



MEDICAL INFORMATION FORM (1)

STUDENT INFORMATION

Student Name _____ BD year/month/day _____ Parent/Guardian Name _____

Parent/Guardian Home Phone # _____ Parent/Guardian Business Phone # _____

Emergency Contact Name/Phone # _____ Physician Name/Phone # _____

B. HEALTH

Please indicate with a ✓ if your child has any of the following medical conditions or any other serious health concerns, or requires medication to be administered at school.

1. Medical Condition

- Hearing Impairment specify: _____
- Visual Impairment specify: _____
- Physical Impairment specify: _____

2. Serious Health Concerns

- Life threatening Allergies allergic to: _____ *(parent required to fill out form 1A)*
- Diabetes *(parent required to fill out form 1B)*
- Asthma *(parent required to fill out form 1C)*
- Seizure Disorders *(parent required to fill out form 1D)*
- Other serious health concerns specify: _____

3. Medication that is essential for school staff to give students during school hours

- My child requires medication to be administered by school staff *(parent required to fill out form 1E)*

C. IMMUNIZATION

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C and Chickenpox. In addition Grade 9 students will receive Tetanus, Diptheria and Pertussis.

A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at school, your child will be given a notice of immunization that can be added to his/her medical records at home.

Parent/Guardian Signature _____ Date Completed _____