

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Student ID Number \_\_\_\_\_

Student Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Grade \_\_\_\_\_ Home Room Teacher \_\_\_\_\_ Bus # \_\_\_\_\_

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**Parent/Legal Guardian # 1** Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent/Legal Guardian # 2** Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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**Student Medical Information**

Please mark with an 'X' to indicate whether or not the student has the following conditions:

\*Diabetes: \_\_\_yes \_\_\_no  
Medications taken at home for diabetes \_\_\_\_\_

\*Seizure Disorder: \_\_\_yes \_\_\_no  
Medications taken at home for seizures \_\_\_\_\_

\*Allergies requiring EpiPen: \_\_\_yes \_\_\_no  
List the allergies that require an EpiPen \_\_\_\_\_  
List *all other* allergies: \_\_\_\_\_

\*Asthma: \_\_\_yes \_\_\_no  
Medications taken at home for asthma \_\_\_\_\_

\*Blood/Bleeding Disorder: \_\_\_yes \_\_\_no \*Name of disorder: \_\_\_\_\_  
Medications taken at home for disorder \_\_\_\_\_

\*Diagnosed Psychiatric Disorder: \_\_\_yes \_\_\_no \*Name of Disorder \_\_\_\_\_  
Medications currently prescribed \_\_\_\_\_

\*ADD/ADHD: \_\_\_yes \_\_\_no  
Medications taken at home for ADD/ADHD \_\_\_\_\_

\*Other significant Health Issue: \_\_\_yes \_\_\_no Name of other health issue: \_\_\_\_\_  
Medications taken at home for this health issue \_\_\_\_\_

**Will your student need a Health Management Plan for the school to manage any of his/her above noted medical condition(s)?** \_\_\_yes \_\_\_no

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

PLEASE NOTE THAT STUDENTS MAY NOT CARRY MEDICATIONS AT SCHOOL NOR WILL MEDICATIONS BE GIVEN TO STUDENTS AT SCHOOL UNLESS THE MEDICATION HAS BEEN PROVIDED TO THE SCHOOL BY THE PARENT AND APPROPRIATE PAPERWORK COMPLETED!

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***In the event the parent/guardian cannot be reached, please list all those persons living locally who can be contacted in an emergency and have permission to check out the student.***

1) Contact Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

2) Contact Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

3) Contact Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

4) Contact Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

\*I understand that in the event the parent/guardian cannot be reached, the school has my permission to take appropriate emergency medical action including calling 911.

\*\*All information on this form is accurate. It is my responsibility to update the school as needed regarding any medical information which may impact my child during the school day.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_