

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent Name Phone Number Date

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Center: _____ Policy #: _____

Specific Medical Information

The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, food, plants, insects, etc.): _____

Immunization- date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
