

Student Medical Information

Parent/Legal Guardian must complete this section. This information will be provided to the attending physician in the event of a medical emergency and will accompany the coordinating teacher assigned to your program.

Student's First Name _____ Last Name _____

Date of Birth _____ Age _____

Parent/Legal Guardian _____ Phone # _____

Emergency Contact _____ Relationship to student _____
(Someone other than at home address)

Emergency Contact's Phone # (_____) _____

Please check any of the following that apply to your student:

Allergies (other than seasonal)

Will your child bring an EpiPen? Yes No

Please describe your child's allergies in detail (what triggers his/her allergies, level of severity, student's level of independence in managing his/her asthma, etc.). You may attach an additional sheet if necessary.

Asthma

Will your child bring an inhaler? Yes No

Please describe your child's asthma in detail (what triggers his/her asthma, level of severity, student's level of independence in managing his/her asthma, etc.). You may attach an additional sheet if necessary.

If your child will need special assistance or arrangements, please indicate below and use the space provided to explain the type of assistance needed. You may attach an additional sheet if necessary.

Special Dietary Needs: _____

Physical Disabilities: _____

Hearing Impairment: _____

Vision Impairment: _____

Other: _____

Is there any other reason why the participant would need special assistance, facilities or arrangements? If so, please specify. Please attach an additional sheet if necessary.
