

SUMMER SCHOOL HEALTH FORM 2017

Please return with summer school registration.

Child's Name _____ Date of Birth _____ Grade for next school year _____

Mother's Name and Emergency Phone _____

Dad's Name and Emergency Phone _____

Who should be called 1st? _____

List names and phone numbers of at least two other people who could be reached if the child gets sick in case parents can't be reached.

1 _____

2 _____

My Child may receive Generic Tylenol as directed from the health room staff for pain. Yes _____ No _____ Medication will not be given without written parent permission. Medicine must be provided by the parent.

Please list below any health conditions your child may have

List the name and time taken for any medication used regularly by your child

Is your child allergic to anything? Please describe below-what causes the reaction and what is the reaction? Has the allergy required emergency action?

Fatima has my permission to obtain ambulance transport to _____

(Name of Hospital)

for _____ in case of emergency. All attempts will be made to contact

(Child's name)

emergency numbers before obtaining ambulance transport (unless condition is life threatening) but if emergency numbers do not reach a contact person, ambulance transport may be obtained without

phone consent _____

(Parent's signature)

(Date)