



PREPARATORY

HEALTH FORM

Student Name	Age	Birthdate
Mailing Address	Height	Weight
Parent/Guardian Name	Phone	Relationship
Other Parent/Guardian Name	Phone	Relationship
Emergency Contact other than Parent	Phone	Relationship
Health Insurance Provider	Policy Number	Phone
Family Doctor or Pediatrician	Phone	
Preferred Hospital in case of Emergency		
Food Allergies		Epipen?
Drug or Environmental Allergies or Other Health Concerns		
Persons besides parents who can pick up my child	Phone	Relationship

If my child is complaining of pain or itchiness, gets a minor cut, or has an allergic reaction, this serves as written permission for my child to be given an age-weight appropriate dose by the school health officer:

- Flexible strip ('Band-aid')
 Anti-bacterial Cream
 Ibuprofen
 Acetaminophen
 Hydrocortisone Cream 1%
 Benadryl
 Antacid tablet
 Sunscreen
 Insect Repellant

The parent will be notified _____later the same day **OR** _____before administering (*choose one*) what is given and how much, and an entry will be made in the school health log.

I also give permission for a paramedic to treat my child, and for my child to be transported by ambulance if an emergency situation occurs—even if a parent cannot be reached.

X _____ X _____
 Parent/Guardian Signature Date Parent/Guardian Signature Date

Please attach a copy of student's immunization records. If there are no records of immunizations, be willing to visit with the administrator and briefly offer your reasons. Thank you.

This information is kept on file and will not be shared with any outside sources.

Revised 4/16/2021