

HEALTH INFORMATION

1. Insurance Company _____ Policy/Group # _____
2. Physician _____ Phone # _____ Hospital _____
3. List **current** medical condition, injury, illness, etc. _____
4. Does your child have any food, drug or latex allergies? Yes _____ No _____
If Yes, List: _____
5. If Asthma, will student use inhaler? _____ If allergies, will student use epi-pen? _____
May student take: Tylenol Yes _____ No _____
Ibuprofen Yes _____ No _____
Tums Yes _____ No _____
6. Does your child **routinely** take any medications? Yes _____ No _____
If Yes, List: _____
7. Will your child need medication administered at school? Yes _____ No _____
If Yes, you must complete the necessary **Prescription Medication Form or Over-the-Counter Medication Form on the Elementary Page of our Website.** Students are NOT permitted to possess medications.
8. Student T-Shirt Size (for Service Day & group events) _____

AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION PROVIDED IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES AND I WILL BE RESPONSIBLE FOR TUITION, FINES OR PENALTIES, ATTORNEY'S FEES & COURT COSTS THAT ARE INCURRED. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

Parent/Guardian Signature: _____ Date: _____

PERMISSION SLIPS

Blanket Field Trip Permission: I give permission for my child to ride, using transportation contracted through the school for field trips or other school related activities. Yes _____ No _____

Photo Release Permission: I give the school permission to use photos of my child in publications that promote the school. Yes _____ No _____

Student/Group Directory: I give the school permission to include my student/family's contact information in class/team/club directories. Yes _____ No _____

THIS INFORMATION WILL BE KEPT FOR ONE YEAR IN STUDENT'S PERMANENT FILE
Important: Update the school immediately if any information changes.