

Student Name: _____

DOB: _____



Math, Science & Technology Community Charter School

MEDICAL EMERGENCY CONTACT & STUDENT HEALTH UPDATE SCHOOL YEAR: 2017/2018

Dear Parent/Guardian: Each year we need to update our health records as children's health conditions change. Please answer each question and return to the front office personnel.

Student Name: _____ Grade _____ HR. # _____

DOB: _____ Gender: _____

1. Has student been under care for any medical problems? Yes _____ No _____

If yes, please list reason: _____

2. If your child has a medical problem, when did it last occur? _____

3. Does your child take medication? Yes _____ No _____

If yes, please give name of medicine, dosage, and time(s) given: _____

4. Will your child need medication during school hours? Yes _____ No _____

If yes, written parental consent and physician's orders are both needed and must be renewed each year.

Contact the school for the appropriate medication administration form.

5. If your child has a chronic/ongoing health condition, what do you do if your child has an attack/episode?

6. Any special instructions concerning physical education (gym) Yes _____ No _____

If yes, what are the limitations? _____ (Doctor's note required)

7. Because of a disability, does your child need accommodations or related services? Yes _____ No _____

What accommodations are needed? _____

(Doctor's note required)

8. Doctor, clinic, health or medical center that cares for student: _____

Address: _____

Phone#: _____ Insurance _____

Provider: _____ Group #: _____

Subscriber #: _____

Emergency Contact

Name: _____ Home #: _____ Cell #: _____

Relationship to child: _____

Name: _____ Home #: _____ Cell #: _____

Relationship to child: _____

- *I authorize the School Nurse to share this information with school staff as necessary.*
- *Signature of Parent/Guardian Date I authorize the School Nurse to communicate with my child's healthcare provider, and I authorize my child's healthcare provider to communicate with the School Nurse regarding my child's care.*

Parent Signature: _____ Date: _____