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Non-MCPS

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MCPS

Transferring from _____

Name of School _____

**SENECA VALLEY HIGH SCHOOL
HEALTH INFORMATION AND EMERGENCY AUTHORIZATION**

Student Name: _____ DOB: _____ Grade: _____ ID#: _____

Home Address: _____ Phone: _____

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____
Specify

Information for Person(s) Student Lives with:

Name: _____ Relationship: _____

Employer: _____ Work Phone: _____

Name: _____ Relationship: _____

Employer: _____ Work Phone: _____

(1) Emergency Contact Person: _____ Phone: _____

(2) Emergency Contact Person: _____ Phone: _____

Does the student have any medical conditions? ☐ Yes No ☐

If yes, please specify: _____

Is the student currently taking medication? ☐ Yes No ☐

If yes, please specify: _____

Does the student have any allergies? ☐ Yes ☐ No

If yes, please specify: _____

ACCIDENT OR INJURY CARE AUTHORIZATION

I hereby authorize the Principal of Seneca Valley High School and/or the Principal's designee to obtain medical care from the nearest medical facility for _____ in case of injury or illness and neither parent and/or guardian can be contacted.