

SUMMER SCHOOL STUDENT HEALTH INFORMATION

Please complete this Summer School Student Health Information form.

Pupil's Name: _____ M ___ F ___ Date of Birth: ___/___/___
 Parent/Guardian: _____ Home School: _____ Grade ___
 Address: _____ Phones: _____
 City/Zip: _____ Home (____) _____ Work (____) _____
 Current Day Care Provider: _____ Cell (____) _____ Pager (____) _____
 Phone: (____) _____

Please provide health information to help us meet the needs of your child during summer school.

In the past year has your child experienced health problems, e.g. serious allergic reactions, asthma, ear or eye, cardiac, neurological, orthopedic, emotional or psychological problems or required surgery?

Health Problem	Date	Name of Care Provider (if still under care)

Please add any special directions for the School Nurse regarding the above listed problems.

List all current prescription and over the counter medications presently taken by your child. All prescription medications that need to be given at school, must be in a current prescription labeled bottle and accompanied by a parent note.

Name of Medication:	Prescribed by:	Date begun:	Dosage/Frequency:

Please state any other concerns you may have regarding your child, e.g. special health problems or behavior, equipment needs, medical treatment required, etc.

If you have questions, please call your current school nurse, or when summer school begins, your summer school office and ask for the nurse's office.

EMERGENCY AUTHORIZATION

IN AN EMERGENCY, I HEREBY AUTHORIZE THE SCHOOL TO MAKE SUCH ARRANGEMENTS AS NECESSARY.
 I ALSO AUTHORIZE THE HOSPITAL/PHYSICIAN/DENTIST TO PERFORM NECESSARY PROCEDURES.

I prefer my child to be taken to _____ or a close-by hospital if necessary.

I UNDERSTAND THAT THE COST OF MEDICAL ATTENTION AND AMBULANCE ARE THE RESPONSIBILITY OF THE PARENT. My signature also indicates I have read and understand the information contained on page 2 of the 2012 Parkway Summer School brochure.

 (Parent/Guardian Signature)

 (Date)