

Medical Information Form

Student's Name: _____

Parent/Guardian: _____

During class, I can be reached at _____.

If you are unable to be reached, in case of emergency, whom should we call?

Name _____ Phone _____

The following information is necessary in case we need to seek emergency treatment for your child. Your answers will be kept confidential, to be used only in case of emergency.

Student's Allergies	
Food	
Animals	
Trees/plants	
Other	

Does your child take any medication that we need to be aware of? Yes No

If yes, please describe. _____

Does your child have any of the following:

Asthma	Yes	No	Diabetes	Yes	No
Heart condition	Yes	No	High blood pressure	Yes	No
Vision issues	Yes	No	Hearing issues	Yes	No
Seizures	Yes	No	Other	_____	

I understand that every attempt will be made to contact me, but if the severity of the injury indicates the necessity, the emergency response system may be called.

Signed: _____ Date: _____