

Student Medical Information

Student Name: _____ Grade: _____

Primary Guardian Name: _____

Primary Guardian Phone Number: _____

If you CANNOT be reached, please list two emergency contacts we can call in cases of illness or injury:

Name: _____ Phone#: _____

Relationship to Student: _____

Name: _____ Phone#: _____

Relationship to Student: _____

MEDICAL DIAGNOSIS - (ex: ADHD, Asthma, Anxiety, etc.)

MEDICATIONS - (ex: Tylenol, ADHD meds, Inhalers, etc.)

ALLERGIES - (Please Be Specific) (ex: Animals, Grass, Peanuts, etc.)

Is there any reason your child cannot fully participate in all school activities?

If yes, Please explain. YES _____ NO _____
