

## **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.)**

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

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

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

If yes, Please explain. YES \_\_\_\_\_ NO \_\_\_\_\_

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