Stephenson High School

STUDENT MEDICAL INFORMATION FORM

2019-2020

(Please attach a copy of insurance card)

Student's Name: _____ Grade _____ Date: _____

Date of Birth: _____ Age: _____ Height _____ Weight: _____

Address: _____ City _____ State _____

Zip: _____ Home Phone: _____

IN CASE OF AN EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

MEDICAL INFORMATION

Allergies: (food, drugs, etc.) _____

Is your child currently under the care of a physician for any disorder: Yes ( ) No ( )

If yes, please explain. _____

Physician Name: _____ Phone: _____

Address: _____ Emergency No. _____

Please check any of the following disorders that your child has or had and list all medication and or special care required while participating or traveling with the band.

- ☐ Asthma
- ☐ Respiratory Problem
- ☐ Kidney Failure
- ☐ Anemia
- ☐ Seizure
- ☐ High Blood Pressure
- ☐ Physical Disabilities
- ☐ Diabetes
- ☐ Lupus
- ☐ Meningitis
- ☐ Sinusitis
- ☐ Visual Disturbances
- ☐ Peptic Ulcer
- ☐ Severe Menstrual Cramps
- ☐ Heart Disease
- ☐ Bleeding Disorder
- ☐ Low Blood Pressure
- ☐ Hypoglycemia
- ☐ Headaches
- ☐ Depression
- ☐ Other _____

Note: We will not administer medications to your child, however, if you would like your child to be monitored while taking his/her medication, please sign below.

The following common over the counter drugs are available to your child with your permission. Please check the drug and the condition that we are allowed to administer drug to your child.

Medication	Y	N	Reason Given	Date(s) Given	Comments
Tylenol 325mg each 1 or 2 tabs			Headache/ generalized pain		
Motrin 200mg tablets each 1 or 2 tabs			Headache/ pain		
Midol			Cramps		
Ammonia inhaler 1 capsule			Fainting		
Maalox 2 teaspoons			Stomach ache		
Imodium 1 or 2 tabs			Diarrhea		

The following prescription medication has been given to the Stephenson First Aid Team. This medication is labeled properly. Any unlabeled medication will not be accepted. Upon student request the medication will be given to the student to take and be monitored by a member of the First Aid Team.

Monitor 1: _____ Monitor 2: _____

In the event of an emergency, I (do) ____ (do not) ____ give you permission to seek further medical care for my child.

I _____ give the Stephenson High School First Aid Team permission to administer the above medication and contact my child's physician in case of an extreme emergency and I cannot be reached.

Parent/Guardian _____ Date _____

Information provided in this form will be used solely to provide appropriate care for your child(ren) and will be kept confidential.