

STUDENT MEDICAL INSTRUCTIONS

1. Student's Name: _____

2. Date of Birth: _____

3. Father's Name: _____

4. Mother's Name: _____

5. Are above parent's legal guardians? Yes _____ (If yes, proceed to #6)

No _____ A copy of documentation of guardianship will need to be included. Please describe any special custody situations. This is in case of emergencies.

6. List allergies to any medicines and the reaction to those medicines: _____

7. List any food allergies: _____

8. List any environmental allergies: _____

9. Describe any physical restrictions: _____

10. List on back of form all medications your teen currently takes, both routine and on a regular basis. Include how taken and doses. RN will need to keep locked up and dispense as per your instructions, which should match instructions on the medication label. All medication must be labeled and in their original containers.

11. Do you give permission for any of the following medications to be given if needed?

Tylenol: Yes _____ No _____

Kaopetate: Yes _____ No _____

Benadryl: Yes _____ No _____

Antacids: Yes _____ No _____

12. Are all of your student's immunizations up to date: Yes _____ No _____

13. Please list on back of this form any medical, behavioral or psychiatric problems your child has. (You may and attach additional paper, include problems with authority, chemical dependency or runaway risk.)

14. Name of Student's Primary care MD _____

15. Parent/Legal Guardian Phone #s: Home _____ Work _____

Cell _____

16. Please attach a copy of student's medical insurance card.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____