



HEALTH FORM 2009-2010
ALL FORMS ARE DUE BY SEPTEMBER 6, 2009

1. Student Name _____
Note any medical and/or physical concerns we should be aware of:

Medications currently taking: _____
List any allergies _____

2. Student Name _____
Note any medical and/or physical concerns we should be aware of:

Medications currently taking: _____
Please list any allergies _____

Consent for Emergency Medical Treatment

Sign either part A or B:

A. We, the parents of _____ {Student's Name(s)}, give permission for emergency medical treatment of our child(ren) for illness or accident if we cannot be contacted. We assume responsibility for payment of treatment.

Emergency Phone: Parent or Guardian _____ Phone _____

Alternate Emergency Contact: Name _____ Phone _____
Relationship _____

Medical Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital Preferred _____

Health Insurance _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

B. I DO NOT give my permission for emergency medical treatment for my child.

Parent/Guardian Signature _____ Date _____