



PEN #

MEDICAL INFORMATION FORM

Must be completed for all medical conditions.

A. STUDENT INFORMATION

Student Name _____ Birth date: year/month/day _____ Parent/Guardian Name _____

Parent/Guardian Home Phone # _____

Parent/Guardian Business Phone # _____

Emergency Contact Name/Phone # _____

Physician Name/Phone # _____

B. HEALTH

Please indicate with a ✓ if your child has any of the following medical conditions or any other serious health concerns, or requires medication to be administered at school.

1. Medical Condition

- Hearing Impairment specify: _____
- Visual Impairment specify: _____
- Physical Impairment specify: _____

2. Serious Health Concerns

- Anaphylaxis *(parent required to fill out form A)* Allergic to: _____
- Diabetes *(parent required to fill out form B)*
- Asthma *(parent required to fill out form C)*
- Seizure Disorders *(parent required to fill out form D)*
- Other serious health concerns *(parent required to fill out form E)*

3. Medication that is essential for school staff to give students during school hours

- My child requires medication to be administered by school staff *(parent required to fill out form F)*

C. IMMUNIZATION

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C and Chickenpox. Human Papillomavirus (HPV) vaccine will be offered to all girls in grade 6.

A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at school, your child will be given a notice of immunization that can be added to his/her medical records at home.

Parent/Guardian Signature _____ Date Completed _____