

Health Statement:

Is the student diabetic? ___ Yes ___ No

If "Yes," is the student insulin-dependent? ___ Yes ___ No

Special Instructions _____

List all allergies (including food, medicines, vaccines, environmental, etc.): _____ None

You are required to provide items necessary for emergency care, such as an inhaler or epi-pen.

Special instructions if exposed to allergen: _____

List any other medical problems (include details on a separate sheet if necessary):

In the event that my child needs to receive medical attention (including emergency, surgical, hospitalization, prescriptions, etc.) I authorize that he/she be given the attention needed and that the bill be sent to me. I also accept the privacy practices established and provided by the health care facility.

PRINT Parent/Guardian's Name

Parent/Guardian's SIGNATURE

Parent/Guardian Social Security #

Home Phone #

Cell Phone #

Street Address

City

State

Zip

If you cannot be contacted in an emergency, please designate who to contact next.

Emergency Contact

Home Phone #

Cell Phone #

Relationship

Any falsification of information on this application may result in the application being rejected or the student being dismissed, if discovered after acceptance.

Sworn to and subscribed before me the _____ day of _____, _____.

NOTARY PUBLIC - STATE AT LARGE

(SEAL)

My commission expires: _____.