

WSSD ESY Student Medical Information Form

Name: First _____ Middle _____ Last _____		
Nickname _____		School ('20-'21) _____
ESY Teacher _____		Home Language _____
Contact 1		
Name _____		Relation to Student _____
Address _____		

Phone _____	Email _____	
Phone _____		
Contact 2		
Name _____		Relation to Student _____
Address _____		

Phone _____	Email _____	
Phone _____		
Please describe any health problems your child has that we should be aware of. Include any allergies, heart problems, asthma, diabetes, epilepsy, chronic illness, etc. BE AS SPECIFIC AS POSSIBLE. If there are no problems, write the word NONE.		

Please list any medications your student is taking: _____		

Do you give permission for this student to take the following medications at school, as needed?		
Tylenol ____ (Y/N) Motrin ____ (Y/N) Tums ____ (Y/N)		
I understand that if a child becomes ill at school, parents/guardians are generally responsible to provide transportation home. In case of extreme emergency, when emergency contacts cannot be reached, school authorities will call a physician or take whatever action is deemed necessary, including transporting my child to a local hospital, at the parent/guardian's expense. Also, to insure the health and safety of my child, I give permission for medical information to be shared with school personnel.		

Parent/Guardian Signature

Date