

STUDENT MEDICAL INFORMATION FORM

Form reviewed by the Pennsylvania Hospital Association

Name _____ Date _____

Sex _____ Age _____ Date of Birth _____ Grade _____

Home Address _____

Street, State, Zip Code

(814) _____	(814) _____
Home Phone	Family Cell Phone

Director's Name _____ School _____

Father's Full Name	
Work Phone	Hours
Mother's Full Name	
Work Phone	Hours
Stepparent/Guardian's Full Name	
Work Phone	Hours

Is the student currently under any medical treatment? YES NO
If yes, give the nature of the treatment and the Doctor's name and phone number:

Is the student currently taking any medication? YES NO
If yes, give the name of the medication, reason it is given, doctor's name and phone number:

List any ailments of which medical personnel should be made aware (allergies, diabetes, heart condition, etc.)

Date of last tetanus shot: _____

Name of Health Insurance	
Address	Phone

Name of Guarantor	Agreement #
Name of Employer (if group health insurance)	

Address _____ Phone _____ Group # _____

First Aid/Emergency Treatment Authorization

If the school officials cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child

Name	Relationship to Child
Address	Phone

Name	Relationship to Child
Address	Phone

If none of the above can be reached by phone, WHAT DO YOU WISH DONE in case your child is sick or injured?

If EMERGENCY TREATMENT is required, may school authorities use their own judgment in sending your child to a hospital or doctor most easily accessible before the parent/guardian can be reached?

YES NO

If no, name preferred hospital:
Preferred Doctor:

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify the school officials. It is understood and agreed that the child and the parent/guardian shall hold harmless the Richland School District, Richland School District Employees, and any registered nurse responsible for the care of Richland Students, from many and all lawsuits, claims, demands, expenses, or costs arising out of the administration or or failure to administer first aid or emergency treatment to the child while in attendance at the school sponsored trip.

Signature of Parent or Guardian

Date

The on duty nurse has permission to administer (circle as allowed): Tylenol, Advil, Tums

to my son/daughter.

Parent/Guardian Signature

Student Signature