

Student's Name: _____

Health Information:

Insurance Company _____ Group # _____

Person to contact in an emergency if parents are not available _____

Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Doctor _____ Telephone _____

Does child wear (please check all that apply): Braces Contacts Glasses

Has the child had chicken pox or vaccination? Yes Yes (mild) No Vaccination

Does the child have any of the following conditions?

Allergies (list what kind) _____

Asthma (that requires inhaler at school)

Diabetes

Heart Problem

Hemophilia

Seizures

Other _____

Please explain: _____

If the child is undergoing treatment for any medical conditions or is taking medication on a daily basis, whether at home or at school, please explain:

If there is any reason to limit child's activity please advise the school:

****IF THERE ARE ANY CHANGES IN YOUR CHILD'S HEALTH DURING THE SCHOOL YEAR, PLEASE CONTACT THE SCHOOL NURSE****

BROADWATER ACADEMY REQUIRES WRITTEN INSTRUCTIONS AND PERMISSION TO ADMINISTER MEDICATION, PRESCRIPTION OR NON-PRESCRIPTION, TO ANY STUDENT. THIS AUTHORIZATION MUST BE SENT TO THE OFFICE SIGNED AND DATED BY THE PARENT.

I hereby give the school nurse permission to administer Tylenol or Motrin to my child for headaches and muscle aches when necessary, according to product label or doctor's orders. In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the nurse or staff of Broadwater Academy to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above.

Furthermore, I certify that I have read and understand this Office/Health Information Form and that the information I have given is accurate. I understand that if I choose not to disclose information, Broadwater Academy will not be liable in the event of any illness or emergency that is a result of my decision.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date