ACADEMIC YEAR 2011-2012

HOUSE_____GRADE_____

LINCOLN - SUDBURY REGIONAL HIGH SCHOOL

STUDENT HEALTH AND EMERGENCY INFORMATION FORM

_____ ☐ M ☐ F

(last) (first) (middle)
STUDENT'S NAME

Date of Birth

_____

MM/DD/YEAR

_____

STREET ADDRESS CITY/TOWN ZIP

#1 PARENT/GUARDIAN NAME_____PHONE #_____

#2 PARENT/GUARDIAN NAME_____PHONE #_____

#3 EMERGENCY CONTACT_____PHONE #_____

DOES YOUR CHILD HAVE HEALTH INSURANCE? ☐YES ☐NO

_____ _____

NAME OF INSURANCE COMPANY POLICY #

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. (978-443-9961 Ext.2390) All communications will be kept confidential.

_____ _____

DOCTOR: PHONE:

_____ _____

DENTIST: PHONE:

The information below may be shared with faculty on an as needed basis. YES ☐ NO ☐

List any allergies: (insect bites, food, drug, environment)_____

_____Type of reaction(s)_____

_____

TREATMENT **EPI - PEN** ☐ **BENADRYL** ☐ **OTHER** ☐ _____

LIST ANY OTHER HEALTH CONCERNS: (include chronic /serious illness, accident(s)/conditions-limiting participation educationally (and/or) athletically in school.)

_____

_____

_____

LIST PRESCRIPTION MEDICATIONS:

_____

_____

_____

_____

REQUIRES ANNUAL PARENT/GUARDIAN SIGNATURE

(PLEASE CHECK ALL THAT APPLY)

MEDICATION: I/WE give permission to administer over the counter medications as prescribed by the school physician.

☐ TYLENOL ☐ IBUPROFEN ☐ TUMS ☐ TOPICAL ANTIBIOTICS

_____ _____

PARENT/GUARDIAN SIGNATURE **(REQUIRED)** DATE

PLEASE TURN OVER AND COMPLETE THE REVERSE SIDE →→→→→