



**100 YEARS**  
OF EDUCATING YOUNG WOMEN

Student Name:

Date of Birth:

2023-24 School Year Grade:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Parent/Guardian Email:

**Please list at least one other adult we may call if the parent(s) cannot be reached in an emergency. Individuals listed below also have your permission to pick your child up from school during the school day or in the event of an emergency school closing.**

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

Emergency Contact Email:

Please check any issue that may affect your student during the school day.

Condition	Yes	Condition	Yes
Allergies/Environmental *		Bone/Joint/Muscular Disorder	
Allergies/Food *		Diabetes *	
Allergies/Insect Stings or Bee Stings *		Dizziness or Fainting	
Allergies/Medications *		Digestive/Bowel Problems	
Allergies/Other *		Hearing Issues/Hearing Aid	
Asthma/Breathing Problems *		Heart-Related Illness	
Bladder/Kidney Disorder		Seizure or Epilepsy *	
Bleeding/Clotting Disorder		Vision or Eye Disorder	

If you answered **YES** to any of the above, please provide details:

**Allergies:** Does your daughter carry an epi-pen? \_\_\_\_\_

My daughter is allergic to:

**Asthma:** Does your daughter carry an inhaler? \_\_\_\_\_

Please describe the symptoms your daughter experiences when having an asthma attack.

Check all that apply:

- coughing  
 shortness of breath  
 wheezing  
 tightness in the chest  
 breathing hard/fast  
 feeling tired/weak  
 other: \_\_\_\_\_

**Diabetes:**  Type 1    Type 2   Medication \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Seizure/Epilepsy:** Medication \_\_\_\_\_ Not Applicable \_\_\_\_\_

Please list any needs your daughter has regarding medication/eating/washroom use during her school day.

If you checked Yes to any other medical condition or your daughter has a medical condition not listed, please attach a letter explaining.

I give permission to the school to share information relevant to my child's health condition with school personnel and emergency medical professionals when necessary to meet her health and safety needs.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**PLEASE NOTE:** This form is for summer school only. It does not replace the need for the incoming 9th-grade medical forms, 9 - 12 immunization records, or the 9 -12 sports physicals.