MERCER MIDDLE-HIGH SCHOOL
HEALTH SERVICES
ANNUAL HEALTH & EMERGENCY INFORMATION

Student Last Name_____First_____Age____Date of Birth_____Grade_____

Address_____Home Phone_____

Parent/Guardian Name_____Relationship_____

Phone #1_____Phone #2_____

Parent/Guardian Name_____Relationship_____

Phone #1_____Phone #2_____

Siblings in the district_____

Emergency Contact who will assume responsibility if you can not be reached:

Name_____Relationship_____Phone_____

Name_____Relationship_____Phone_____

Medical Information

Does your child have any special health problems or medical diagnoses? No_____ Yes_____

If so, please list _____

Does your child have a severe allergy? No_____ Yes_____ If yes, please list allergy_____
Does he/she require an Epi-Pen? No_____ Yes_____

Is there any other special treatment / medication required?_____

Is your child currently taking any **medication at home**? No_____Yes_____ If so, please list below.

Medication	Dosage	Reason for taking (Diagnosis)

(Please notify the school immediately of any changes) **Over →**

Medications administered at school:

I give permission for my child to receive the following medications at school as needed, please check:

___Acetaminophen/Tylenol

___Ibuprofen/Advil

___Antacid/Tums

___Benadryl (allergic reaction only)

___Cough Drops

Medical Provider Information:

Physician's Name_____Phone_____

Dentist's Name_____Phone_____

Services of growth, vision, hearing, and scoliosis will be provided to students as mandated by law. Dental exams are required at 7th grade and physical exams at 11th grade. You are encouraged to have the exams performed by your family provider as he/she knows your child best. If you choose to have the school perform the exams, forms will be sent home with students during the school year. All health information is strictly confidential and will be shared only on a "need to know" basis. I consent to the services of first aid, emergency care, and mandated screenings as deemed necessary by the school nurse, physician, and state.

Parent/Guardian Signature_____Date_____

Additional Information (Medical conditions, allergies, ect.)

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