Bulloch County Schools
Annual Medical Information Form

Student Name: ____
Last Name First Name Middle Name
Date of Birth: ____________________ Grade Level: __________ Current Date: ______________

☐No Known Health Issues **☐No Known Allergies** **☐No Medications**

Does your child have any of the following conditions? *Check all that apply. If yes, please provide details.*

☐Asthma (Inhaler) ☐Asthma (No Inhaler) ☐Cystic Fibrosis ☐Sickle Cell Anemia
☐Heart Issue ☐Seizures ☐Fainting Spells ☐Migraines/Headaches
☐Kidney Problems ☐Bleeding Issue ☐Physical Disability ☐Hearing Problems
☐Bipolar Disorder ☐Anxiety ☐Depression ☐Panic Attacks
☐Diabetes (Insulin) ☐Diabetes (Diet Control) ☐Diabetes (Oral Medication)
☐Hypoglycemia ☐Menstrual Issues ☐Vision Impairment ☐Other
☐Attention Deficit Disorder ☐Attention Deficit Hyperactivity Disorder

Details: ____

All Allergies* *List specifics/describe the allergic reaction.* Epipen: ☐Yes ☐No
Medication Allergies: ____
Animals: ______________________ Insect Bites/Stings: ______________________
Plants: ______________________ Food: ______________________

Medication(s) Currently Taking:**
1. ______________________ 2. ______________________
3. ______________________ 4. ______________________

Physician Name **Phone Number**

Dentist Name **Phone Number**

Insurance Name **Policy Number** **Group Number**

Policy Holder's Name **Relationship to Student**

In case of serious illness/injury, the school will render first aid as prescribed by school regulations while contacting the parent. If the parent or designees cannot be reached and the situation is serious, the school will telephone the County Emergency Medical Service (911) for immediate transport to East Georgia Medical Center. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent/Guardian Name (Print) **Parent/Guardian Signature** **Parent/Guardian Phone Number**

******All food allergies must have a "Meal Modification Form" on file. You may obtain these from the lunchroom, School Nutrition Office, or the BCS webpage.*
*******If it is necessary for a student to receive prescription or over-the-counter medication at school, the medication MUST be delivered to the school in the original bottle and labeled. We DO NOT provide medicine at school unless you send it. If the student will be taking any medications, please complete the appropriate permission forms.*