



Health Record Information

2025-2026

STUDENT INFORMATION

Session _____ Accepted Program _____ Grade _____

Student Last Name (please print) _____ First Name _____

Home Phone _____ Birthdate ____ - ____ - ____ Age ____ Gender ____
male female non-binary

Emergency Contact Name #1 _____ Emergency Contact #1 Phone _____ Relationship to Student _____

Emergency Contact Name #2 _____ Emergency Contact #2 Phone _____ Relationship to Student _____

HEALTH INFORMATION

For reference in the event of an emergency, I state that I have the conditions checked as follows:

Glasses/Contacts Yes No Seizure Disorder Yes No Medication Required _____

Allergies: Yes No Epipen Yes/No _____ Medication _____ Insects _____ Food _____

Asthma: Yes No Medication Required _____

Diabetes: Yes No Glucagon Yes/No _____ Insulin Coverage _____ Dietary Restrictions _____

List any medical conditions or medications not mentioned above: _____

PARENT/GUARDIAN CONSENT

I understand that relevant information regarding my child's health may be shared with appropriate school personnel and other healthcare providers as necessary. In the event of serious illness or injury, the school will make every effort to contact the parent/guardian. Should the parent/guardian be unavailable, the school principal is authorized to have my child transported to a medical facility for treatment. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. Permission is granted for the student listed above to participate in live shop work that may include exposure to heavy landscaping equipment, kitchen cutlery, hot equipment, hand and power tools and chemicals.

I give permission for the School Nurse to dispense an age/weight appropriate dose of:

Acetaminophen (Tylenol) or Ibuprofen (Motrin/Advil)

I DO NOT want my child to receive acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) while in school.

Parent/Guardian Name (Please print)

Parent/Guardian Signature