VIRGINIA-HIGHLAND ELEMENTARY SCHOOL

Student's Name _____ Date of Birth _____
(Last, First)

Address _____

GENERAL HEALTH (Please circle Yes or No for each item below)

Allergies? Yes or No
Physical Handicaps? Yes or No
Diabetes? Yes or No
Asthma? Yes or No
Seizures? Yes or No
Health Procedures? Yes or No
Fainting Spells? Yes or No
Heart Problem? Yes or No
Kidney Problem? Yes or No
Menstrual Problem (cramps)? Yes or No Medications? Yes or No
Other Health Concerns? Yes or N

If you answered yes to any of the above questions, please provide additional information such as specific allergies, medication needs, or other information.

_____
_____
_____

In Case of Emergency, call:

Name _____ Relation _____ Number _____
Name _____ Relation _____ Number _____
Name _____ Relation _____ Number _____

*Name hospital that you prefer for emergency service _____

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Sibling(s) in this school:

Name_____ Grade Level _____

Name_____ Grade Level _____

Insurance Provider
(circle one)

Aetna | Blue Cross/Blue Shield | Cigna | Humana
Medicaid | Peach State | Tri-Care | United Health Care

Other _____

In case of serious illness/injury, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If neither the parent nor designee can be reached and the situation is very serious, the school shall telephone the County Medical Emergency Unit **(9-1-1)** for immediate transportation to an emergency treatment hospital. Whenever possible, the parent's hospital preference (if it has an emergency room) will be observed. Fees for transportation and medical services will be the responsibility of the parent/guardian.

I understand that effective April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPPA"), disclosure of certain medical information is limited. However, I herein authorize disclosure of pertinent medical information for the provision of services for my child while in attendance in the Atlanta Public Schools District *and* for this information to be shared with pertinent staff as needed. This authorization expires as of the last day of this school year, including the summer/ extended year session.

Date_____Parent/Guardian Signature_____

For school system directory information, dial 404.802.3500. The Atlanta Public Schools does not discriminate based on race, color, religion, sex, age, national origin, disability, veteran status, marital status, or sexual orientation in any of its employment practices, educational programs, services, or activities.