Health Record Information

2026-2027

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 med-ical 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