Fulton County Schools
Where Students Come First

Annual Medical Update Form

A parent/guardian must complete this form in its entirety for each student every school year. A student cannot participate in field trips or extracurricular activities without a signed and complete form.

Student's Name: _____ Birthdate: _____

Home Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Relation to Student: _____

Parent/Guardian 1 Cell: _____ Parent/Guardian 1 Work: _____

Parent/Guardian 2 Name: _____ Relation to Student: _____

Parent/Guardian 2 Cell: _____ Parent/Guardian 2 Work: _____

EMERGENCY CONTACTS *(If parents/guardians cannot be reached)*

Emergency Contact 1 Name: _____ Relation to Student: _____

Emergency Contact 1 Cell: _____ Emergency Contact 1 Work: _____

Emergency Contact 2 Name: _____ Relation to Student: _____

Emergency Contact 2 Cell: _____ Emergency Contact 2 Work: _____

PRIMARY CARE/INSURANCE INFORMATION

Does your child have health insurance? ◯ Yes ◯ No

Student's Primary Care Physician or Healthcare Provider: _____

Student's Primary Care Physical or Healthcare Provider Phone: _____

MEDICAL CONDITIONS AND MEDICATIONS

Please list your child's medical conditions, allergies, and current medications. If your child's health or medical condition affects their learning, participation, attendance, or access to school programs or activities, please contact your child's school to discuss whether additional supports or accommodations may be needed.

Health or Medical Conditions:

Allergies: Please specify.

Current Medications:

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____