

Parkview High School
MEDICAL INFORMATION FORM 2011-2012

Student's Name: _____ Student ID: _____

Date of Birth: _____ Grade: _____

Student's Address: _____
Street *City* *Zip*

PARENT INFORMATION

MOTHER'S INFORMATION		FATHER'S INFORMATION	
Name		Name	
Home Phone #		Home Phone #	
Cell Phone #		Cell Phone #	
Work Phone #		Work Phone #	
Email Address		Email Address	

MEDICAL HISTORY/PROBLEMS/ALLERGIES: _____

MEDICATIONS TAKEN/SPECIAL INSTRUCTIONS*: _____

*An Administration of Medication Request form must be completed & turned in, along with the medication for any/all medication to be given to student. This includes ALL over the counter medication.

In the event parents/guardians CANNOT be reached, who should the school contact in an emergency or to pick up your child?

Name of Contact	Relationship to Student	Contact's Phone Number

Please list any Check-out Restrictions: _____

If you have any legal documentation specifying particular custody or visitation, it is your responsibility to provide a copy for the office to be placed in your child's permanent record and into the computer. This documentation is required for the safety and security of our students. If no documentation is on file, each natural parent will be treated with equal rights.

I understand that in the event the parents/guardians cannot be reached, the school has my permission to take appropriate emergency medical action including calling 911.

 Signature of Parent/Guardian

 Date