



qathet School District

Medical Information Form

If the student has a medical problem or condition of which the parent/guardian wishes the school to be aware, please complete the following form.

Student Information		
Student's Name:		Date of Birth: (mm/dd/yy)
Parent/Guardian's Name:		
Home phone #:	Work phone #:	Cell phone #:
Emergency Contacts		
Emergency Contact 1 – Name:		Phone #:
Emergency Contact 2 – Name:		Phone #:
Doctor's Name:		Phone #
Address:		
Medical Conditions		
Check the following Medical Alert/Conditions which apply to your child:		
<input type="checkbox"/> Diabetic <input type="checkbox"/> Epileptic <input type="checkbox"/> Heart <input type="checkbox"/> Allergies (Life-threatening) <input type="checkbox"/> Allergies (Non Life-threatening)		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Anaphylactic List allergies: _____		
Medication: (if required, please complete <i>Permission to Administer Medication Form</i> – attached)		
Transport to hospital: (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child has <u>no</u> medical issues <input type="checkbox"/>		
Completed by:		Date: (mm/dd/yy)

Please complete and return to school.

This form will be kept in a Medical binder in the school office. If the condition changes, it is the **parent/guardian's responsibility** to inform the school in writing.