



2010-2011 HEALTH FORM

for new and returning students

Community School #1

Both sides of this form must be completed and returned to school prior to your child being admitted to class. The front side is to be completed by a parent/guardian and the reverse side by a physician or nurse practitioner.

This information will be kept confidential and only shared with teaching staff as appropriate or for emergency reasons.

Student Name _____

Birthday _____

Allergies _____

Medications the student is taking at home and/or at school: _____

Existing conditions that may be of concern: _____

I grant permission for the treatment of minor injuries that may occur in the course of the school day.

Parent/Guardian _____ Date _____

I grant permission for the administration of over the counter medications after verbal permission has been obtained from the parent/guardian.

Parent/Guardian _____ Date _____