



ACADEMIC YEAR:

20\_\_ - 20\_\_

GRADE:

## STUDENTS HEALTH RECORD

Student's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Home address: \_\_\_\_\_

Father's name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other person to contact in case of emergency: \_\_\_\_\_

### KNOWN ALLERGIES

Is your child allergic to:  Drugs  Food  Insects  None \_\_\_\_\_

Other allergies (Please specify): \_\_\_\_\_ Does the child use an EpiPen injector?  No  Yes

### MEDICAL CONCERNS

Does the child have a diagnosed medical condition which requires care while he/she is at school?

No  Yes (Please specify): \_\_\_\_\_

Hypoglycemia       Heart Condition       Diabetes       Hemophilia  
 Epilepsy       ADD/ADHD       Asthma       Other: \_\_\_\_\_

Is the child currently taking medications?  No  Yes: \_\_\_\_\_

I understand that, in the event of an emergency requiring medical attention for my child, every effort will be made to contact me. If I cannot be reached or when the delay might endanger my child's health, I hereby authorize Dorado Academy to transport my child \_\_\_\_\_ to the nearest medical facility and/or hospital.

**I AUTHORIZE THE SCHOOL NURSE TO GIVE ONLY PRESCRIBED MEDICATION OR ASTHMA THERAPY WHEN NECESSARY.**

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_