



ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: _____ Date: _____
2021-2022

Form with fields for Student Name, Birthdate, Gender, Grade, Teacher, Parent/Guardian Name, Address, City, Zip Code, Cell/Home #, Work #, Email, Health Care Provider, Preferred Hospital, Dental Care Provider, Type of Medical Insurance, Emergency Contact Name, Address, City, Zip Code, Cell/Home #, Work #, Email, Life-Threatening Conditions, Health Information, No Medical Conditions, Medication(s) Currently Used, Taken at: School, Home, or Other.

District Policy for Administering Medication to Students: Medications, prescriptive or over the counter, may be administered to students by building administrators or their designee(s) only with WRITTEN PERMISSION of the parent/guardian AND a Licensed Health Care Provider's Order for Medication at School. I understand that licensed health care providers have Authorization for Medication forms or the form is available at TSD schools or online at the TSD website.
If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person, if at all possible, and call 911, if the injury or illness warrants it. I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

Parent/Guardian Signature _____ Date _____
Created 12-12-19