SummerSault at The Town School Health and Medical Emergency Information Summer 2020

Student Name: ❑ **Male** ❑ **Female** **Date of Birth:**

Home address: **Home Phone:**

City, State, Zip:

Parent Names and Contact Info

Name & relationship to child	Cell Phone	Work Phone, Employer

Physician: **Physician Phone:**

Dentist: **Dentist Phone:**

If neither parent can be reached, please list at least one alternate contact who can help direct your child's medical care:

Medical Emergency Contact Names	Relationship to Child	Primary Phone	Secondary Phone

Does this child have any of the following Chronic Illnesses?
*If yes, please **include dates and treatment notes.** (use back of form if needed)*

- ❑ Ear Infections
- ❑ Convulsions
- ❑ Diabetes
- ❑ Asthma
- ❑ Other illness – please describe

Has this child had any of the following Diseases?
***If yes, please include dates.** (use back of form if needed)*

- ❑ Chicken Pox
- ❑ Rheumatic Fever
- ❑ Measles
- ❑ German Measles
- ❑ Mumps
- ❑ Scarlet Fever
- ❑ Other Diseases: please describe and include dates

Allergies: Is this child allergic to any of the following?
***If yes, please include details, dates and treatment notes.** (use back of form if needed)*

- ❑ Hay Fever
- ❑ Insect Stings
- ❑ Penicillin
- ❑ Medications: please describe
- ❑ Foods: please describe
- ❑ Other Allergies: please describe

Has this child ever been hospitalized? If yes, please describe and include dates *(use back of form if needed)*

Has this child ever had any operations or major injuries? If yes, please describe and include dates *(use back of form if needed)*

Please list any prescription medications and dosage: *(use back of form if needed)*

Does this child have any conditions which may limit their activity? If yes, please describe *(use back of form if needed)*

My child may have Tylenol: **Yes / No** (circle one)

SummerSault at The Town School may share important information on my child's Health Form with relevant Faculty/Staff

Signature: **Date:**

IN CASE OF AN EMERGENCY and if THE TOWN SCHOOL is unable to contact either parent or guardian, I give permission for the school to secure additional medical advice and treatment at a recognized local hospital.

Signature: **Date:**