

SummerSault at The Town School Health and Medical Emergency Information Summer 2019

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)

I agree that 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 SummerSault at The Town School is unable to contact either parent or guardian, I give permission for SummerSault at The Town School to secure additional medical advice and treatment at a recognized local hospital.

Signature: Date: