

GENERAL HEALTH INFORMATION FORM

Student Name: _____

Student Birthdate: _____

Concern	YES	NO	Explanation/Comments
Allergy (Food)	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy (Other)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Ear/Hearing (Aids)	<input type="checkbox"/>	<input type="checkbox"/>	
Eye/Vision (Glasses/Contacts)	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Speech	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Does your student take medication on a daily basis? Yes No

If Yes, please specify need: _____

Parent/Guardian please initial:

_____ If medication is to be administered at school, proper health forms must be completed by the prescribing doctor and parent/guardian. All medications must be given to EMSA staff by a parent/guardian, and not by the student, in the original container with dosing directions.

_____ I am aware there may be times when it will be necessary to share some of this information with school administrators, teachers, or other members of the school faculty and staff.

_____ I give consent to EMSA to treat my student in the event of a medical emergency, including calling an ambulance.

_____ I hereby release Elgin Math and Science Academy, its staff members, and its officers from liability associated with administration of my student's medication and/or with medical treatment for my student.

Printed Parent/Guardian Name

Signature of Parent/Guardian

Date