

# STUDENT HEALTH RECORD AND EMERGENCY MEDICAL RELEASE FORM 2017-18



This two-page document must be notarized. This editable PDF may be completed with a computer. Please print if completed by hand.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to student: \_\_\_\_\_

## Insurance Information

Company Name: \_\_\_\_\_

Policy#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## History

Does student carry an EPI PEN? Yes ___ No ___	___ Ear infections	___ Kidney trouble
___ Anaphylactic reactions	___ Cancer related	___ Fainting
___ Asthma	___ Constipation	___ Frequent sore throat
___ Bronchitis	___ Diabetes	___ Heart defects
		___ Seizure
		___ Stomach upsets
		___ Ulcer

## Known Allergies

Drugs: \_\_\_\_\_

Foods: \_\_\_\_\_

Plants: \_\_\_\_\_

Insects: \_\_\_\_\_

Other: \_\_\_\_\_

**Medications** (NOTE: Circle Staff does not have authority to administer medications to students.)

Current medications/dosages:

Date of most recent Tetanus vaccine: \_\_\_\_\_



