



HEALTH HISTORY & PERMIT FORM

Name: _____ SS# _____ (optional) Grade: _____
Address: _____ City/State/Zip _____
Date of Birth: _____ Age: _____ Sex M F Home Phone: _____
Parent/Guardian Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Other Phone: _____
Student lives with _____ Both Parents _____ Mother _____ Father _____ Other
Siblings: Name/Age 1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

In case of Emergency and Parent/Guardian cannot be reached, contact:

1. Name _____ Day Phone _____
2. Name _____ Day Phone _____

HEALTH CONDITIONS: (Check all that apply)

- Asthma, Surgery, ADD, Chronic Sore Throat, Chronic Menstrual Cramps, Contact Lenses, Glasses, Ear Infections, Heart Problems, Diabetes, Kidney Disease, Headaches, Chronic Stomach Ache, Head Injury, Special Dietary Needs, Hearing Impaired, Emotional Disturbances, Bone Disease, Seizure Disorder, Other

Please explain any answer that you checked above in the space below. Use a separate sheet of paper, if necessary. Indicate any useful information in relation to any of these health conditions.

MEDICATIONS: Please list any medication your child takes on a routine basis. Use a separate sheet of paper if necessary.

ALLERGIES: Describe which foods, medication, etc. that causes allergies and the symptoms exhibited.

RESTRICTIONS: Is your child restricted from participating in any school physical education activity? Please explain.

School Attended last year: _____ Are there any other medical/health factors of which we should know, that might affect your child's school experience?

Physician: _____ Phone: _____
Preferred Hospital: _____
Medical Insurance Provider: _____ ID# _____
MC+/Medicaid Provider: _____
MC+/Medicaid Yes _____ No _____ ID# _____

I know of no health reasons, other than the information indicated on this form, which would restrict my child from participation in any school activity. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Date: _____ Parent/Guardian Signature: _____