SCHOOL YEAR _____ **EMERGENCY AND MEDICAL INFORMATION CONSENT AND RELEASE**

Student's Name_____ Age_____ Birthday___/___/_____ Grade ____
(Last) (First) (MI)

Pediatrician/Physician_____ Asthma/Allergy Physician:_____

Other Physician's (i.e. Heart, Diabetic)_____ Current Immunization Certificate of file at school_____

Health Information Information Name of Health Insurance Company:_____

Insurance Policy:_____ Insurance Certificate #_____

Health Concern	No	Yes	Diagnosis/Medication
Allergy to Foods	◯	◯	***If New Diagnosis please contact school office for plan of care*** EPI-PEN at school: YES ◯ NO ◯ List & Describe reaction to EACH:
Allergy to Insect Stings: (i.e. Bees/Wasps) ____ ("X") unknown reaction/Has not had a sting exposure	◯	◯	***If New Diagnosis please contact school office for plan of care*** EPI-PEN at school: YES ◯ NO ◯ Describe reaction:
Allergy to Latex	◯	◯	***If New Diagnosis please contact school office for plan of care*** EPI-PEN at school: YES ◯ NO ◯ Describe reaction:
Allergy to Medication(s)	◯	◯	List & Describe reaction to EACH:
Asthma	◯	◯	***If New Diagnosis please contact school office for plan of care*** INHALER at school: YES ◯ NO ◯
Attention Deficit/ADHD	◯	◯	List Medication:
Behavior/Emotional Concerns	◯	◯	Describe:
Frequent Headaches/Migraines	◯	◯	Medication:
Stomach Problems	◯	◯	Describe Medication:
Hearing Problems	◯	◯	Describe: Right Ear ☐ Left Ear ☐ Hearing Aides: YES ◯ NO ◯
Visual Conditions:	◯	◯	Glasses: YES ◯ NO ◯ Contacts: YES ◯ NO ◯
Diabetes:	◯	◯	***If New Diagnosis please contact school office for plan of care*** Glucagon at school: YES ◯ NO ◯
Heart Condition(s)	◯	◯	Describe:
Seizures/Epilepsy	◯	◯	***If New Diagnosis please contact school office for plan of care*** Describe Medication: Diastat? YES ◯ NO ◯
Activity Restrictions	◯	◯	Describe:
Other Medical Concerns-i.e. pre-existing medical conditions, disabilities, physical handicaps, major illnesses, all surgeries, etc.	◯	◯	Describe:
List any student medication(s) not listed above, even if taken at home	◯	◯	Name, Dosage & Time Given: Will any need to be given at school? YES ◯ NO ◯