



Partnering with families to realize each child's potential
2017-2018 Medical Information Form (G)

For office use:
Grade in 2016-2017:

Student Information

Name: Last First Middle Date of Birth
Previous School (if applicable) Previous school phone number Primary Language

Parent/Guardian(s) Information

Name(s): Phone:
Email Address(es):
Address: Street Address Apartment/Unit #
City State ZIP Code

Medical Information

Family Physician: Phone:
Family Dentist: Phone:
Insurance Info.
Medical Problems:
Current Medications:
Allergies: Symptoms:
Treatment:
Wears glasses? Hearing Problem? Food Restrictions?

If needed, please check off which medications the school staff may give your student:
Tylenol Motrin/Advil Benadryl Tums Kaopectate Asthma:
Other:

Parent/Guardian Signature

I understand that if no emergency contact is available, or the illness/injury is believed to be serious in nature, I give permission to have my child transported by ambulance to a hospital. I understand the cost of the transportation is the responsibility of the parent. I also understand that the information will be shared with WPCS staff and I authorize the school personnel to give any/all information and medical records regarding my child, so that proper and prompt treatment can be obtained.

Signature: Date: