



Medical & Emergency Information Form

Please complete one form for each student

Student's Name: _____ DOB: _____ Grade: _____

Hospital Preference if medical emergency: Fairbanks Memorial: _____ Ft. Wainwright-Bassett: _____

Health Information

Allergies: Y N

Food: **See Attached**

Medications:

Environmental/Seasonal:

____ Anxiety

____ Asthma

____ Colds/Sore Throats

____ Convulsive Seizures

____ Deafness

____ Depression

____ Diabetes

____ Kidney/Bladder

____ Migraines

____ Nosebleeds

____ Orthopedic Problems

____ Skin Problems: _____

____ Other: _____

- Is your student on **ANY** medication and if needed, for what condition? Yes _____ No _____
- Medication(s): _____
- Given at home? Yes _____ No _____ or At School? Yes _____ No _____
- Condition(s): _____

All medication your child brings to school **MUST** be given to the office in a properly labeled container with the name of your child. A permission form which includes the child's name, medication name, dosage, frequency and physician's name **MUST** accompany the medication.

If emergency treatment is required, and the parents or legal guardians of the child cannot be immediately located, your signature in the following space empowers school authorities to exercise their best judgment in calling the hospital indicated or transporting the child to the hospital emergency room. Your signature does not release confidential information as protected by federal law.

Parent or legal guardian's signature

Date

If your child should have any change/updates to their medical status i.e. medications, diagnosis or vaccines please notify the School Nurse at 907-452-2044.