

HTSD SUMMER PROGRAM HEALTH FORM

JUNE / JULY 2018

EMERGENCY CONTACT INFORMATION FOR SUDDEN ILLNESS OR INJURY

STUDENT NAME _____ DATE OF BIRTH _____
LAST FIRST M.I.

ADDRESS _____ ZIP _____ HOME PHONE _____

EMAIL ADDRESS: _____

PLEASE INDICATE CONTACT ORDER (1ST, 2ND, 3RD, 4TH)

• FATHER'S NAME _____ HOME PHONE _____

WORK PHONE _____ CELLULAR PHONE _____

• MOTHER'S NAME _____ HOME PHONE _____

WORK PHONE _____ CELLULAR PHONE _____

• CONTACT NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

• CONTACT NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

• FAMILY/PRIMARY CARE PHYSICIAN _____ PHONE _____

HOSPITAL PREFERENCE _____

• DENTIST _____ PHONE _____

PLEASE LIST ANY MEDICAL CONDITIONS (i.e. diabetes, epilepsy, asthma, allergies, etc.)

PLEASE LIST ALL MEDICATIONS THAT STUDENT TAKES:

I UNDERSTAND AND AGREE THAT ANY MEDICAL INFORMATION MAY BE SHARED WITH APPROPRIATE SCHOOL AND MEDICAL PERSONNEL.

PARENT OR GUARDIAN'S SIGNATURE _____

PLEASE COMPLETE A HEALTH FORM **FOR EACH CHILD** ATTENDING THE HTSD SUMMER PROGRAM

*For an extra copy of this form, please visit our website www.ht-sd.org.