HTSD SUMMER PROGRAM HEALTH FORM

JUNE / JULY 2019

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 http://www.ht-sd.org (community tab)