



Medical Information and Emergency Contact Information

ONE FORM PER STUDENT

Medical Details	
Doctor's Name:	Phone Number:
Clinic Name:	City:
<p>Allergies/Medical Alert: Please specify any allergies/medical alerts related to the student (e.g., Allergies to nuts, penicillin, bee stings, asthma management, etc.).</p>	
Immunizations: Is the Immunization Form on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Medications being taken:	

Special Needs: Indicate whether the student has any known or suspected special needs.					
Physical Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioral Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/support that the student is currently receiving. (Supporting documentation must be provided.)</p> <p>The school must be promptly advised of any changes to the student's needs. The school will regularly assess its ability to provide adequate services for these needs.</p>					

Emergency Contact Details	
	A person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.
First and Last Name:	
Relationship:	
Phone number:	

Yearly Confirmation/Update:	
Date:	Parent Inials:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____