

GENERAL McLANE
INFORMATION FORM
School Year _____

Student Name _____ Social Security # _____

Address: _____
Street City State Zip

Please fill out the information below for four contacts for this child and place a number to indicate the order you want these contacts called in case of emergency. (Parents should be listed as #1 and #2 contacts.)

1.	_____	Home Phone: _____
	Name Relationship	Cell Phone: _____
	_____	Work Phone: _____
	Place of employment	Work Hours: _____ to _____

	e-mail address	
2.	_____	Home Phone: _____
	Name Relationship	Cell Phone: _____
	_____	Work Phone: _____
	Place of employment	Work Hours: _____ to _____

	e-mail address	
3.	_____	Home Phone: _____
	Name Relationship	Work Phone: _____
	_____	Work Hours: _____ to _____
	Place of employment	
4.	_____	Home Phone: _____
	Name Relationship	Work Phone: _____
	_____	Work Hours: _____ to _____
	Place of employment	

Correspondence for this child should be addressed to: (For example Mr. & Mrs. John Smith, Ms. Jane Smith, ect.)

If you would like mailings to an additional address, please provide the name and address:

- A. Family Physician: _____ Phone _____
- B. I give permission for the school to dispense: Tylenol Y / N, Antacid Y / N
- C. List any current health problems which are under treatment. Provide dates of recent immunizations boosters:

- D. Do you have health insurance?: Y / N
- E. Emergencies/Allergies. Any medication need for emergencies/allergies must be provided by the parent, including Benadryl and epi pens for bee sting reactions.
- F. In the event I cannot be contacted using the listed information, I grant permission to the receiving health care facility to administer appropriate care to my child.
- G. Is a court order on file which would restrict release of the student? Y / N
(If Yes, a copy must be attached)

X _____
Authorized signature of custodial parent/guardian Date

Dear Parents/Guardians,

General McLane High School is committed to protecting the well being of our students. To enable me to do the most I can for the health of our students it is imperative that I be aware of your child's current health condition and treatments.

If your child has a health condition that may create a need for emergency or supportive care during the school day, please complete this questionnaire. Feel free to call if there are any areas you would like to discuss further or special instructions you would like me to be aware of.

Remember, any medication that may need to be administered in case of an emergency must be supplied by you. The only medication provided by the school is acetaminophen (Tylenol) and antacid (Maalox).

In addition, please remember during the school year to notify me of any change in the health status or treatments, change or addition to medications, or any other information that may be pertinent to the well being of your child.

Thank you in advance for your assistance in helping me keep your child's health paramount.

Sincerely,

Mrs. L. Swanson R.N.

General McLane High School – Current Health Status

Student Name _____ Grade _____

Does your child have asthma? Yes No Does he/she carry an inhaler? Yes No

Is your child on daily medication? Yes No

If yes, please write the name of the medication(s), time it is taken, and the reason it is taken.

Are there any special medical/emotional concerns? Yes No If so, please explain.

Is your child currently under treatment for medical/emotional reasons? Yes No If so, please explain.

List any health problems below, as well as, any special consideration or treatment that may be required during school hours. Remember, **any medication** that is needed for emergency situations **must be supplied by you**. This includes Benadryl or epinephrine (epi pen) for bee stings/allergies.

Parent/Guardian Signature

Date
