

Family Name _____ **Date** _____

Annual Health Information Sheet

Occasionally a child may become ill or have an accident while at school which may necessitate the school contacting the parents or a physician. Other children may have health problems, which require special adjustments to be made by the school. For these reasons we must have this form returned to our school before school starts.

Father's Name _____ Mother's Name _____

Address _____ Phone _____

Place of employment: Father _____ Phone _____

Mother _____ Phone _____

Family Physician Address Phone

In case of an accident or illness you will be notified by telephone. Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name of Neighbor Address Phone

Name of Neighbor Address Phone

In case of emergency in which parent/guardian and family physician cannot be reached, we authorize a representative of Meridian School to arrange ambulance or paramedic transportation to receive medical treatment. We hereby release Meridian School from any liability resulting from such actions.

Parent/Guardian Signature Date

Name of your children's Insurance Company: _____

Please list your children attending this school, oldest first:

Student Name	Teacher	Grade	List any health problems and/or medication child is currently taking

I give permission for my child to receive the following medications during school hours as per the recommended dosing instructions: _____ Tylenol _____ Ibuprofen. Parent's Initial _____

Please do not give my child any medication without calling me first. Parent's Initial _____