

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

Please check one of the following:

____ I give my permission to dispense the following medication (according to manufacturer's directions) during school hours to my child as needed. ____ Ibuprofen ____ Tylenol Parent's initials ____

____ Please do not dispense any medication to my child without calling me first. Parent's initials ____