

Pine-Richland Summer Physical Education

Student Name _____

Grade (2008-2009) _____

INSTRUCTIONS: Complete the following checklist by indicating any of the following conditions past or present. Check YES or NO to answer the questions below. Sign and date the form at the bottom.

Yes		No		Yes		No		Yes		No	
101 Allergy				110 Diabetes				118 Malignancies			
102 Arthritis				111 Eating Disorder				119 Neurological Disorder			
103 Asthma				112 Endocrine Disorder				120 Orthopedic			
104 ADHA				113 Gastrointestinal				121 Psychiatric			
105 Birth Defect				114 Genitourinary				122 Seizure Disorder			
106 Bleeding Disorder				115 Hearing				123 Sickle Cell Disease			
107 Cardiovascular				116 Hypertension				124 Vision/Color Deficit			
108 Connective tissue				117 Immunosuppressive				125 Weight Disorder			
109 Cystic Fibrosis				Conditions				126 Other			

Please give details for all that are marked yes: _____

Current Medications

Does the student take any prescription medication? YES NO

Explain: Include dosage, frequency and reason: _____

Consents and Signatures

I understand that medications are not allowed on school property without the proper medical authorization on file.

I understand that for the safety of my child, or to provide for their educational program, school personnel may share the information as indicated above, with appropriate school staff.

In the event of a medical emergency situation the local EMS will transport to the closest medical facility offering the required level of care. If parents/guardians cannot be contacted, I authorize the representative of the Pine-Richland School District to act as the agent to secure emergency medical treatment for this child.

Parents/Guardian Signature

Date

Emergency Phone Number