

Meridian CUSD #223 Health Information/Emergency Medical Form

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian's Name: _____ Phone #: _____

Parent/Guardian's Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Preferred Hospital: _____ Medicaid # (if applicable): _____

Current Medications: _____

(Please note: Any prescription or over-the-counter medications needed at school require a completed M223 Medication Permit from your physician and signed by a parent)

Does your child have any of the following? **Please check all that apply & explain checked items.**

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Mood Disorder _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Bone/Joint Problems _____ |
| <input type="checkbox"/> Medication _____ | <input type="checkbox"/> Skin Condition _____ |
| <input type="checkbox"/> Insect Sting _____ | <input type="checkbox"/> Blood Disorder _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Developmental Delay _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Birth Defect _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Hearing or Vision Problems _____ |
| <input type="checkbox"/> Seizures/Epilepsy _____ | <input type="checkbox"/> Speech Problems _____ |
| <input type="checkbox"/> ADD/ADHD _____ | <input type="checkbox"/> Other _____ |

Has your child had any serious accidents? _____

Has your child ever been hospitalized? Why? When? _____

Has your child ever had surgery? Explain _____

Does your child have health insurance? _____

If you answered no, would you be interested in assistance with getting insurance? _____

Any other health concerns or restrictions: _____

I give permission to share this health information with school personnel who work with my child. If I cannot be reached in an emergency, and immediate medical attention is indicated in the judgment of school authorities, I authorize responsible school authorities to send my child (properly accompanied) to an available hospital.

Parent/Guardian Signature

Date

***A new form must be completed and turned in each school year**

Updated 4/19