

Apprentice Academy Mandatory Medical Form

Student Information:

Date: ____ / ____ / ____ Grade: ____ Date of Birth: ____ / ____ / ____

Student Name: _____

Parent/Guardian Names: _____

Mother Cell: _____ Mother Work: _____ E-Mail: _____

Father Cell: _____ Father Work: _____

Emergency Contact Person: _____ Phone: _____

Drug Allergy(s): ___ None Known ___ Yes(List): _____

Primary Physician: _____ Office Phone: _____

_____ **My child has NO KNOWN MEDICAL CONDITIONS.** (You may stop here, if there are no known medical conditions and your child does not need medicine at school. **Please sign at the bottom and return.**)

Student Medical Information:___ **Asthma** Triggers: ___ Environmental/Seasonal ___ Exercise ___ Upper Respiratory Infection

Other: _____

Does student need inhaler available at school? ___ Yes (Requires Medication Consent) ___ No

Inhaler Location: ___ Office ___ Student (Requires Self-Carry Form)

___ **Diabetes** ___ Type I ___ Type II Date Diagnosed: _____

Insulin By: ___ Pump ___ Injections Is student independent with care? ___ Yes ___ No

___ **Allergies** Food: ___ Peanuts ___ Tree nuts ___ Milk Others: _____

Severe Sting: ___ Bees ___ Wasps ___ Ants Others: _____

Please list type of reaction: _____

** Notify your school nurse & teacher(s) if anaphylaxis may occur, & bring medication with consent by first day of school.

___ **Seizure Disorder** (Explain): _____**Does your child have a history of head injury/concussion in the last year?** (Explain): _____**ADHD, ODD, Anxiety** (Explain): _____**Other Conditions:** _____**Does your child take any routine medication(s)?** ___ No ___ Yes List medications: _____**Does your child need medication(s) at school?** If your child needs medications at school, please provide the appropriate medication and consent forms. ___ No ___ Yes

List medications: _____

The information in this form is accurate to the best of my knowledge & I give permission to the School Staff to share information regarding my child's medical condition(s) with pertinent school employees, my physician or emergency personnel. I also give Apprentice Academy permission to call 9-1-1 & have my child transported to a hospital if emergency care is needed.

Parent/Legal Guardian: _____ **Date:** _____

Signature