



Bartow County Board of Education Health Record

Student's Name: _____ Today's Date: _____

Answers to the following questions are for our records and will be released on a need to know basis only.

Is your child now under the care of a physician? _____ If yes, explain _____

Physician's Name _____ Telephone # _____

Is your child in good health? Yes _____ No _____

Does your child have, or has he/she had any of the following diseases or problems?

ANEMIA _____ CHICKEN POX _____ DIABETES _____ EYE PROBLEMS _____

CYSTIC FIBROSIS _____ SEIZURES _____ TYPE _____

AGE OF ONSET _____ PRESCRIBED MEDICATIONS _____

DATE OF LAST SEIZURE _____

ASTHMA _____ PRESCRIBED MEDICATION _____

AGE OF ONSET _____

Please note any special medical problems _____

Has your child ever been diagnosed with ADD/ADHD? _____

Prescribed Medication _____

Is your child enrolled in some type of special needs program? _____

Is your child taking any other medications? Yes _____ No _____ If yes, give name of

Medication _____

List food and any other allergies your child has _____

Insurance Carrier _____ Group # _____

Policy Holder's Name _____ Employer _____

Family Physician _____ Telephone # _____

Directions to home: _____

Please list relatives or friends who will assume temporary care of your child in the event that you cannot be reached. (It is important that we have these numbers. Sick children cannot be left at school.) NO STUDENT WILL BE ALLOWED TO LEAVE SCHOOL WITH A PERSON NOT LISTED. BE SURE TO LIST ALL PERSONS WHO YOU WISH TO BE ABLE TO PICK UP YOUR CHILD.

NAME RELATIONSHIP TO STUDENT TELEPHONE

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IN THE EVENT THAT I CANNOT BE REACHED, I GIVE PERMISSION FOR THE SCHOOL REPRESENTATIVE TO TRANSPORT MY CHILD TO THE NEAREST MEDICAL FACILITY, OR FAMILY DOCTOR AND I DO AUTHORIZE EMERGENCY TREATMENT, I WILL ASSUME FULL RESPONSIBILITY FOR CHARGES RELATED TO THIS ILLNESS OR ACCIDENT.

SIGNATURE OF PARENT OR GUARDIAN _____

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Student Name _____ Teacher _____

Birthday _____ SS# _____

Student's Address: _____

Student lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Father's Name _____ Home Phone # _____ Cell # _____

Employer _____ Phone # _____ Ext. _____

Mother's Name _____ Home Phone # _____ Cell # _____

Employer _____ Phone # _____ Ext. _____

Guardian's Name _____ Home Phone # _____ Cell # _____

Employer _____ Phone # _____ Ext. _____