

MEDICAL/EMERGENCY DATA
WILLIAMSBURG, VA 2019

Johnston Senior High School Music
Ronald Lamoureux, Director
Matthew Gingras, Director

Student: _____ Age: _____ Date of Birth: _____

Address: _____

Parent(s) or Guardian(s): _____

Health Insurance Company: _____

Policy Number: _____

Emergency Contacts: *(Please list full name, phone number, and relation to student)*

Email: _____

Please list any medications you are currently taking:

Health History (Check):

- _____ Diabetes
- _____ Orthopedic Problems
- _____ Asthma
- _____ Epilepsy
- _____ Cardiac Problems
- _____ Other (Specify)

Allergies (Check):

- _____ Aspirin
- _____ Penicillin
- _____ Sulfa
- _____ Insect Stings
- _____ Tetracycline
- _____ Other (Specify)

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Date of last tetanus shot: _____

Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity? If yes, or if there is any other health information that you feel may be of importance, please use the space below to elaborate.

I give permission for the physician or hospital to secure proper medical treatment for my child.

(parent signature)

(date)

The Johnston Public Schools "Policy For The Administration of Medication In School" says:

In the case of field trips, inhalers and epinephrine auto-injectors should be carried by the student or teacher with written permission of the licensed health care provider and parent/legal guardian. Students may self-carry and/or self-administer other medication on field trips only when:

- a) it is requested in writing by the licensed health care provider, and:*
- b) it is authorized in writing by the parent or legal guardian, and:*
- c) it is in consultation with certified school nurse-teacher and administration, and:*
- d) medication is provided by the parent/legal guardian in original labeled container, and:*
- e) it is done in accordance with field trip section of the Procedure for Administration of Medication in School.*

Medical Consent Form Attached.