

FLOSSMOOR SCHOOL DISTRICT 161
Summer Academy Health Information – 2019

School: _____

Grade in 2018-2019: _____

Student Name: _____

Birthdate: _____

Address: _____

Home Phone: _____

Name of Parent(s)/Guardian(s) Student Lives With:

Name: _____

Relationship: _____

Day Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Day Phone: _____

Cell Phone: _____

Email address: _____

Emergency Contact (Available during school hours to pick up your child in case of an illness or emergency if we are unable to reach parent/guardian.)

Name: _____ Relationship: _____ Phone: _____

Doctor's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

Health Concerns: No _____ Yes _____ (please list) _____

ALLERGIES: List all allergies that your child has and the treatment.

Allergy: _____ Treatment: _____

Allergy: _____ Treatment: _____

MEDICATION: List all prescription, over-the-counter, and herbal medication.

	Name of Medication	Used to Treat
1.	_____	_____
2.	_____	_____
3.	_____	_____

Emergency Medications Necessary for Summer Academy: No _____ Yes _____ (please list below:)

Parent Name (please print)

Parent Signature

Date