

● **Medical Information:**

Family Physician/Clinic: _____ Phone #: _____

Family Dentist/Clinic: _____ Phone #: _____

If emergency treatment is required and parents cannot be reached immediately, may school authorities treat and/or call the doctor/clinic indicated or, if not available, an alternative doctor/clinic? *Circle One* Yes No

If immediate medical care is necessary, may school authorities or an emergency vehicle transport your child to a doctor or medical facility? *Circle One* Yes No

Hospital Preference: _____ City: _____

● **Please list the name and grade of the school attending:**

School Name

Grade

City & State

Are there any medical concerns we should be aware of? (Examples: allergies, asthma, diabetes etc). _____

Parent/Guardian Signature

Date

Office Use Only – Summer School

Start Date _____

cc: Student Services

Revised 2-16-2024