

Health and Permission Form for the 2011 – 2012 Davison School Year

STUDENT NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) Date of Birth

PARENT OR LEGAL GUARDIAN	
NAME(S) _____	HOME PHONE _____
ADDRESS _____	WORK PHONE _____
CELL PHONE _____	PAGER _____
MEDICAL INSURANCE CARRIER _____	I.D. # _____
ALTERNATIVE EMERGENCY CONTACT	
NAME _____	PHONE _____
RELATIONSHIP TO STUDENT _____	
NAME _____	PHONE _____
RELATIONSHIP TO STUDENT _____	

HEALTH HISTORY (please check if applies)

- \_\_\_\_\_ Heart / Cardiac
- \_\_\_\_\_ Respiratory
- \_\_\_\_\_ Orthopedic
- \_\_\_\_\_ Neurological
- \_\_\_\_\_ Other

PLEASE LIST CURRENT MEDICATIONS  
AND DOSAGE STUDENT IS TAKING  
(over the counter and or prescription)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ / \_\_\_\_\_  
month year

ALLERGIC TO MEDICATION YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please explain on back page)  
ALLERGIC TO INSECT STINGS YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please explain on back page)  
OTHER ALLERGIC REACTIONS YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please explain on back page)

(continued on back)

