

Health and Permission Form for the 2009 – 2010 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)

This medical form must be notarized. DO NOT SIGN the form until you are at your notary's. Be sure the **notary uses a raised seal and NOT a notary stamp before you sign the form.**

Return medical form to:

Teresa Page
9331 E. Atherton Rd.
Davison, MI 48423