

MILL CREEK HIGH SCHOOL CLINIC CARD

STUDENT INFORMATION 2017-2018

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

STUDENT	Current Grade	Date of Birth	ID#
Last Name	First	Middle	
Street Address			
City	Zip	Home #	

PARENTS/GUARDIANS	
Name	Name
Relationship	Relationship
Address	Address
Cell #	Cell #
Work #	Work #
E-Mail	E-Mail

OTHER CONTACTS	In the event the student's guardian(s) cannot be reached, whom should the school call in an emergency and allow the student to check out?	
Name:	Name:	Name:
Phone #:	Phone #:	Phone #:
Relationship:	Relationship:	Relationship:

MEDICAL HISTORY or PROBLEMS					
Please mark an X in the boxes below to indicate if your student has had any of the symptoms listed.					
YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	ADD / ADHD
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, Last Seizure __/__/__	<input type="checkbox"/>	<input type="checkbox"/>	Asthma: Uses an Inhaler, Last Episode _/ _ / _
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Sensitivity
<input type="checkbox"/>	<input type="checkbox"/>	Allergies – Describe	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Epi Pen	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Medications currently prescribed	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Other; Please Describe	<input type="checkbox"/>	<input type="checkbox"/>	
If you checked yes to any of the above, will your child require a detailed medical treatment plan for the above condition? If unsure, please call 678-714-5890.					

List any brothers or sisters who are school age in grades K – 12.	
Student's Name:	Name of School:
Student's Name:	Name of School:

I understand that in the event the parent/guardian cannot be reached, the school has my permission to take appropriate emergency medical action including calling 911. All information on this card is accurate and correct.	
Signature of Parent or Guardian: _____	Date: _____