|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | GCPS Logo | **STUDENT CLINIC CARD**  **Shiloh High School 2012-13** | Teacher:  Student Cell: | | | | | | |
| Student Name (Last, First Middle): | | | | | Student ID: |
| Address: | | | | | Date of Birth |
| **Parent / Legal Guardian Information** | | | | | |
| Parent: | | | Parent 2: | | |
| Tel. #(home): | | | Tel. #: | | |
| Work Phone: | | | Work Phone: | | |
| Cell Phone: | | | Cell Phone: | | |
| Email Address: | | | Email Address: | | |
| **Medical Information** | | | | | |
| Physician: | Phone: | | | Hospital Preference: | |
| In the event the parent/guardian cannot be reached, the following are authorized to pick up my student | | | | | |
| **Name** | | **Relationship** | | **Telephone** | |
|  | |  | |  | |
|  | |  | |  | |
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|  | |  | |  | |
| I understand that in the event the parent/guardian cannot be reached, the school has my permission to take appropriate emergency action including calling 911. I understand it is also my responsibility to update the school as needed regarding any medical information which may impact my child during the school day.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent / Legal Guardian Date | | | | | |

|  |  |
| --- | --- |
| List any **MEDICATIONS** taken routinely and reason taken | |
| **Medications** | **Reason Taken** |
|  |  |
| **Emergency Medications:** |  |

|  |
| --- |
| CURRENT MEDICAL CONDITIONS that the school staff should be aware of (such as asthma, seizure disorder, diabetes, bleeding disorder, heart or stomach problems, etc) |
|  |
|  |
|  |
| If you listed a medical condition above, will your child require a detailed medical treatment plan for this condition? |
| **No  Yes** \_\_\_\_\_\_\_\_**INITIALS** |

|  |
| --- |
| List the **ALLERGIES** that your student has (such as food, insects, environmental, etc.): |
|  |
| Does your student need an allergy emergency plan for school? |
| **No  Yes \_\_\_\_\_\_\_INITIALS** |

|  |  |  |
| --- | --- | --- |
| **List others in your household attending GCPS schools** | | |
| **Name** | **Relationship** | **School Attending** |
|  |  |  |
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