

**Portland Public Schools
STUDENT MEDICAL INFORMATION 2009-10**

Student's Teacher _____ Grade _____
Student Name _____ Circle one: Male Female
Address _____ Zip _____
Phone _____ Birth Date _____ Soc. Sec. # _____ (optional)
Parent/Guardian Name _____
Phone (Home) _____ (Work) _____
(Cell Phone) _____
Address _____ Zip _____
Other Emergency Contact _____ Phone _____
Address _____ Zip _____
Doctor _____ Phone _____
Address _____ Zip _____
Hospital Preference _____ Phone _____
Insurance coverage _____ Yes No
Name of Insurance Company _____

• Does this student have any medical issues? Yes No
If yes, please explain _____

• If any, attach a letter to the school from his/her doctor containing instructions for medications and medical protocol.

• Is this student taking any medication? (Medication includes nonprescription drugs: i.e. aspirin, etc.) _____ Yes No If yes, please specify

• Is this student allergic to any drugs? Yes No _____
If yes, please specify _____

• Is this student allergic to insect bites or stings? Yes No
If yes, does this student have an insect bite kit for emergencies? Yes No

• What date did this student receive his/her last tetanus shot? _____

• **It is the responsibility of the parent/guardian to notify the student's school of any change of information contained on this form during the course of the school year.**

Parent/Guardian Signature _____ Date _____