



Student Medical Information

Student Name _____ Date of Birth _____

Physician _____ Phone _____

Dentist _____ Phone _____

Please describe any chronic illnesses or recent surgeries that your child has experienced:

***If your child has asthma that may require the use of an inhaler or nebulizer, please fill out the “Asthma/Reactive Airway Plan” form. The physician form can be faxed to our office from your pediatrician’s office. Our fax number is: 423-245-2907**

List *all* medications (with dosages) that your child takes regularly:

Check any allergies that your child experiences along with their reaction to the substance(s):

Insect stings _____

Dyes _____

Latex _____

Foods _____

Environmental substances (grasses, dust, etc) _____

Medications _____

Mild seasonal allergies _____

***If your child’s allergy would require medical attention (administration of an Epi-Pen), you will also need to fill out the “Allergy Plan” form.**

I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY CARE

Parent or Guardian Signature

DATE