

Student Health Information for Non- LCPS Students -Summer in the Arts

Student's Full Name: _____
Last First Middle

Home School: _____ Grade: _____

CONTACT INFORMATION

| | |
|---|---|
| <p style="text-align: center;"><u>Parent/Guardian 1</u></p> Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ | <p style="text-align: center;"><u>Parent/Guardian 2</u></p> Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ |
|---|---|

EMERGENCY INFORMATION

The following is requested in order that we may have the necessary information in the event of illness or injury involving your child when we are unable to reach you.

Medical Insurance: Yes: ___ No: ___
 Doctor's Name: _____ Phone: _____

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|--|--|
| <p style="text-align: center;"><u>Emergency Contact 1</u></p> <p style="text-align: center; font-size: small;">Name of person to whom your child may be released</p> Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ | <p style="text-align: center;"><u>Emergency Contact 2</u></p> <p style="text-align: center; font-size: small;">Name of person to whom your child may be released</p> Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ |
|--|--|

MEDICAL INFORMATION

PLEASE LIST:

1. Medication taken regularly by student: _____
2. Medication to be given during Summer in the Arts: _____

Prescription medicines require physician's orders. Forms for medication are available through the LCPS website. Medication and physician orders need to be delivered to the Summer in the Arts nurse by the parent.

3. Allergies (list all): _____

4. Does your child have any of the following medical conditions? (check all that apply)
 If yes, please acquire the appropriate forms from the LCPS.org website, Families Tab.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Severe Allergies requiring an EpiPen | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cardiac Condition | |

5. Does your child have a health care plan at his/her school? Yes ___ No ___
 If yes, please share with program nurse.

6. Does your child have any physical or medical problems or have a health care plan about which the school should know? Yes: ___ No: ___
 If yes, list conditions: _____

If yes, write comments relating to care _____

By my signature below, I acknowledge that LCPS **does not** provide medical or accident insurance for student illnesses or injuries involved with this Activity/Event. I authorize and give permission for my child to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my child's health and well-being in case of accident, injury, or serious illness during the Activity/Event. I understand that I will be responsible on a primary basis for all related medical fees/bills incurred. It is further understood that this permission is effective as long as this child is enrolled in school.

X _____ Date _____ X _____ Date _____
Signature of Parent/Guardian **Signature of Parent/Guardian**