



# INFORMATION & HEALTH RECORD

## 2009-10 ACADEMIC YEAR

Grade Level or Program Title: \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_ (Student)  
Last First Middle Preferred Nickname

Country of Citizenship \_\_\_\_\_  Male Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Female

Student's Home Address \_\_\_\_\_  
Number and Street  
City State Zip Code ( ) - \_\_\_\_\_  
Home Telephone Number

### Medical Information - Attach current hearing/vision & wellness examination and immunization records from Physician

Food Allergies  No  Yes/List \_\_\_\_\_ Medication: \_\_\_\_\_

Insect Sting Allergies  No  Yes/List \_\_\_\_\_ Medication: \_\_\_\_\_

Medication Allergies  No  Yes/List \_\_\_\_\_

Is student on a regular medication regimen?  No  Yes - List Medications: \_\_\_\_\_

Has the student ever suffered:  convulsion or seizure  concussion  head injury  loss of consciousness

I request and give approval that in the event of injury to or assertion of illness by Student, representatives of Holy Trinity Episcopal School (School) may administer the non-prescription medications checked  below (or their reasonable equivalent) to Student:  Tylenol  Benadryl  Advil  Sudafed  Antacid  Antibacterial ointment or spray.

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address City State Zip Code

If I or the physician above cannot readily be reached and/or if, in the sole discretion of representatives of School, time is too critical to attempt to reach me, I request and give approval for the Student to be transported to an appropriate medical facility for emergency care. I further authorize the medical facility and any attending physicians to perform any and all diagnostic procedures and/or treatments required, including blood transfusions. I agree to assume full financial responsibility for emergency transportation, treatment and other related expenses incurred on the Student's behalf. I indemnify and hold the School and its representatives harmless for any and all outcomes resulting from the administering of medications approved above, decisions to or not to transport Student, and the transportation of Student.

### Insurance Information

Name of Insured \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

Insurance Company Certificate/Policy Number Group Number Insured's Employer

Insurance Co. Telephone Insurance Company Address

### Contact Information

Provide three alternate emergency contacts other than father and mother. You empower these persons to make medical decisions for the Student in your absence and authorize the school to release the Student to these persons.

Relationship	Name	Cell Phone	Work Phone	Home Phone
Father	_____	( ) _____	( ) _____	( ) _____
Mother	_____	( ) _____	( ) _____	( ) _____
_____	_____	( ) _____	( ) _____	( ) _____
_____	_____	( ) _____	( ) _____	( ) _____
_____	_____	( ) _____	( ) _____	( ) _____

**Father's Address** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**Stepfather's Name** \_\_\_\_\_

**Stepmother's Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Parental Status** (check all that apply)  Together  Separated  Divorced  Mother Remarried  Father Remarried  
 Natural Father Deceased  Natural Mother Deceased  
**Student lives with**  Both Parents  Mother  Father  Other (specify) \_\_\_\_\_

**Other Information**

Religious Affiliation: \_\_\_\_\_ Baptized?  Yes  No May Receive Communion?  Yes  No

Public School District in Which You Live: \_\_\_\_\_

**Ethnicity Information (optional)**

Check one ethnicity category:  American Indian or Alaska Native  Asian or Pacific Islander  Black or African American  
 Hispanics of any race  Indian Subcontinent  Middle Eastern  
 White European or North American  Multiethnic Origin  Unknown

Holy Trinity Episcopal School values diversity and collects ethnicity information only for the purposes of statistical reporting. The school admits students of all ethnicities and does not discriminate in the administration of its educational, financial aid or other programs.

**I attest that the information provided is accurate and complete, and acknowledge, agree to and approve all requests, stipulations the provisions herein.**

**Parent or Legal Guardian of Student**

**Parent or Legal Guardian of Student**

Signature \_\_\_\_\_

Signature: \_\_\_\_\_

Date

Date

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_