

Portland Public Schools STUDENT MEDICAL INFORMATION

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 _____