

# C.L.A.S.S. 2020 Student Health Form

## PERSONAL INFORMATION

Student's Last Name (Printed)	Student's First Name (Printed)	Student's M.I.
Student's Date of Birth (Month, Day, Year)	Student's Age	Student's Gender (Circle One)
Student's Height	Student's Weight (Lbs)	Male                      Female

## IMMUNIZATION RECORDS

If there are any religious or personal objections that do not allow you to receive immunizations, you must sign a written statement below that you object to immunization, but certify that you are in good health.

I have religious/personal objections, and I am in good health. \_\_\_\_\_  
Signature Date

Are your immunizations up to date?    Yes    No    If no, please explain \_\_\_\_\_

## MEDICATIONS/HEALTH HISTORY

Check if these apply to you. If necessary, attach an additional page to describe health history in detail.

### NON-MEDICATION ALLERGIES:

- No known non-drug allergies
- Insect/bee/wasp stings
- Poison ivy/oak/sumac
- Nuts:      Mild      Moderate
- Severe
- Fish/Shell Fish      Eggs      Milk
- Other (non-drug): \_\_\_\_\_

### MEDICAL CONDITIONS

- Asthma
- Asperger Synd.
- Autism
- Back/Neck Injury
- Bladder/Kidney
- Bleeding Disorder
- Blind/Legally Blind
- Cancer
- Cardiac Issues/Hypertension
- Diabetes
- Down Syndrome
- Enuresis (bedwetting)
- Hearing
- Immune Disorders
- Hip/Knee/Ankle Problems
- Migraines
- Nutrition (significant dietary needs)
- Physical/Muscular/Coordination
- Seizure Disorder
- Tourette Syndrome
- OTHER \_\_\_\_\_

### MEDICATIONS:

ALL MEDICATIONS MUST BE BROUGHT TO EVENT IN **ORIGINAL PRESCRIPTION CONTAINER** WITH YOUR NAME AS RECIPIENT.

PLEASE DO NOT BRING VITAMINS OR COMMON OVER THE COUNTER MEDICATIONS.

LIST ALL CURRENT MEDICATIONS: \_\_\_\_\_

### MEDICATION ALLERGIES:

- No known medication allergies
- Have medication allergies
- (List all medication names & describe reactions): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## INSURANCE INFORMATION

In the event of medical treatment, you are completely responsible for any necessary treatment costs incurred. List all personal insurance information or include a copy of insurance card(s).

Please mark "none" if you are not covered by health insurance.                      None

Carrier or plan name	Carrier Address	Policy holder ID#	Name of policy holder
Group policy number	Carrier telephone		

## EMERGENCY CONTACT INFORMATION

Emergency Contact-Other than Parent/Guardian	Emergency Contact Phone Number	Emergency Contact Relationship to Student