Bleckley County High School
Clinic Record

Students _____Advisor _____Grade_____

Date of Birth __/___/___ Address _____

Doctor _____ Phone # _____ **Dentist** _____ Phone _____

Please check type of insurance: Private____Peachcare_____Medicaid_____or None_____

Brothers or Sisters in this school _____

Allergies:

Foods _____ Meds _____ Other _____

General Health (Please answer YES or NO to each)

Diabetes _____ Fainting Spells _____ Measles _____ Mumps _____
Asthma _____ Heart Problems _____ Chicken Pox _____ Scarlet Fever _____
Epilepsy/Seizures _____ Kidney Problems _____ Rheumatic Fever _____ Meningitis _____
Glaucoma _____ Encephalitis _____ Ear Infections _____
Other: _____

Comments: _____

_____

Date of last Tetanus or DPT Shot: _____

List any medications your child is taking:_____

Does your child have any Medical or Physical problem the school should know about? (i.e. headaches, nosebleeds, handicaps) _____

Does anyone in the home have Tuberculosis or other illness? _____

Please circle the following medications that may be given by School Personnel:

Tylenol Ibuprofen Antibiotic Ointment Benadryl Triaminic
Robitussin Caladryl/Anti-itch Cream Eye Drops Maalox/Mylanta

Emergency Contacts: **Phone Numbers**

The following persons will be contacted in case of an emergency. By listing them, you are also giving them your permission to come to the school and pick your child up and for them to be used as contacts when the student needs to sign out for any reason. An attempt to contact the parent will always be made before using any one else listed.

Mother/Guardian _____ Home _____ Work_____
Father/Guardian _____ Home _____ Work _____
Other _____ Home _____ Work _____
Other _____ Home _____ Work _____
Other _____ Home _____ Work _____

I do hereby grant School personnel permission to give treatment and/or non-prescription medications to my child based under School Health Protocol. I also authorize school personnel to share appropriate and necessary information with other Health Agencies and the local School System for the purpose of follow-up, if needed.

In case of serious illness/injury, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If neither the parent nor designee can be reached and the situation is very serious, the school shall telephone the Heartland Ambulance Service for immediate transportation to Bleckley County Hospital. Fees for transportation and medical services will be the responsibility of the parent/Guardian.

Parent Signature _____ Date _____

NO, I do not want my child treated by School Personnel. Parent Signature _____