Topeka Collegiate School Visitor Health Form

Student Name _____ Birth Date _____ Grade _____

Home Address _____ Home Phone _____

Guardian 1 Name _____ Cell Phone _____ Work Phone _____

Guardian 2 Name _____ Cell Phone _____ Work Phone _____

Guardian 3 Name_____ Cell Phone _____ Work Phone _____

Health History: Allergies to medication ☐ yes ☐ no. If yes, please list medications and reaction.

_____

List other allergies and reactions:

_____

Please check health concerns your child currently has:

☐ vision problems	☐ diabetes	☐ headaches	☐ heart problems	☐ nosebleeds
☐ hearing problems	☐ seizures	☐ stomach upset	☐ frequent ear infections	☐ skin rashes or hives
☐ speech problems	☐ asthma	☐ fainting spells	☐ attention deficit	☐ other _____

Please explain if any of the health concerns may require special attention at school: _____

List medications the student regularly takes: _____

_____

In the event that a parent/guardian cannot be reached, please list someone in the area who may be contacted in the event of illness or injury:

Name _____ Home Phone _____ Cell Phone _____

Relationship _____ Work Phone _____

Student's Physician _____ Office Phone _____

Hospital Preference? _____ Last tetanus immunization _____

Notes: _____

PLEASE INITIAL EACH AND SIGN BELOW:

____ I hereby authorize the physician in charge of (**student name**) _____ to administer any treatment or to administer such anesthetics, perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient. I accept the treatment deemed necessary by the physician treating the emergency. If time allows I prefer that the above named physician treat my child. I hereby give my permission for my child's medical information to be shared with other Topeka Collegiate School personnel.

____ I agree to hold Topeka Collegiate School harmless for any injury incurred by my child as a result of typical play and participation in school activities and agree to pay all costs and fees incurred for medical treatment.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____