

# Concordia Preparatory School

## Returning Student Medical Statement/Health Information and Emergency Contacts

Dear Parents: Completion of the following questionnaire will be helpful to assure that we are aware of any needs your student may have during the school day. This information will be available to appropriate school personnel working with the student and will be kept in the student's health record as well as in the emergency binder.

Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

DOB \_\_\_\_\_ Previous School Attended \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Mother's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Father's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**If neither parent can be reached** provide two emergency contacts available if student is injured or ill:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (Bee stings, food, latex, other- specify) \_\_\_\_\_

Medications to be taken at school: \_\_\_\_\_

(As required by Maryland law, all medications- prescription and over the counter (OTC) require a physician's order and parent signature- See *School Medication Administration Authorization Form*)

Health Concerns: \_\_\_\_\_

Health Problem(s) which would prevent full participation in school program or physical education:

Special Seating Needs : \_\_\_\_\_

Conference with the nurse required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Authorization:** I hereby give consent for first aid to be administered to my child by the School Nurse, Certified Athletic Trainer or a certified first aid provider in the event of serious illness or injury. In the case of an emergency that requires immediate attention, I understand my child will be taken to the nearest hospital Emergency Room. I understand all attempts will be made to contact a parent prior to transportation.

My signature authorizes Concordia Preparatory School to give first aid and/or transport my child as stated above.

Name of Parent/Guardian (Please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_