2011-2012

MA'AYANOT
מעיינות

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HEALTH AND GENERAL CONSENT FORM

A new form must be completed for each student every year.

STUDENT NAME_____**GRAD YEAR** _____

Allergies
____ No known allergies.
____ Allergic to the following substances: _____
____ Uses an Epi-Pen (If yes, complete self-administration form)

Asthma
____ Does not have asthma.
____ Has asthma, diagnosed by a physician
____ Carries an inhaler in school (If yes, complete self-administration form)

Medical
____ No known medical conditions.
____ Has the following medical condition: _____

Medication
____ Takes no medications on a regular basis
____ Takes the following medication(s): _____
____ Takes the following medication(s) to school: _____
(If yes, complete self-administration form)

Please indicate if there have been any recent changes in your daughter's medical condition:

_____

SHARING MEDICAL INFORMATION

I give consent for my child's medical information to be shared, when necessary, with the school personnel to insure proper care and treatment while my child is participating in school activities.

_____ _____
PARENT SIGNATURE DATE