

Student's Doctor: _____ Phone #: _____

Preferred Hospital: _____

Please list any special medical conditions or physical handicaps: _____

What special actions should be taken in case of emergency? _____

Does the student have daily medications to be taken during school hours? Yes ____ No ____

Please list any drug allergies: _____

Please list any food allergies or dietary restrictions: _____

Please list persons permitted to pick up the student from the school:

Does the student require a car seat? Yes ____ No ____

Are the parents or other family members available to assist with field trips? Yes ____ No ____