



STUDENT HEALTH INFORMATION & EMERGENCY CONSENT

This form is to be completed by the parent(s) or guardian(s): please complete all sections.

Has the student had any illness or been hospitalized other than already noted? Yes ___ No ___

Please describe: _____

Has the student received treatment or counseling for any psychological or social issues? Yes ___ No ___

Please describe: _____

Has the student ever been immunized against tuberculosis with BCB vaccine? Yes ___ No ___

Has the student needed any medical intervention besides regular check-ups in the past 5 years? Yes ___ No ___

Please describe: _____

Does the student have any **CHRONIC** or **LIFE-THREATENING** conditions? Yes ___ No ___

Has the student ever been hospitalized for any medical conditions? Yes ___ No ___

Please describe: _____

Is the student receiving continuing medical treatment? Yes ___ No ___

Please describe: _____

Does the student take **medications** of a DAILY or REGULAR basis? (prescription or over-the-counter) Yes ___ No ___

Please list medication and complete the "Medication Order for Prescribed Medications" form.

Does the student have any ALLERGIES, i.e. medications, foods, environmental substances, insect stings, etc.? Yes ___ No ___

Please describe:

Allergy Trigger	Typical Reaction	Treatment

Does the student carry an **EpiPen**? Yes ___ No ___

*Note: Students who carry EpiPens will need to bring **TWO** pens to Motion41 (one to keep with them at all times and one for the housing facility.)

Other Emergency Contacts: *Please note that every attempt will be made to contact you in the event of an unexpected illness or injury. If we are unable to reach you, we will contact the person listed below.*

Name: _____ Phone: _____

Relationship: _____ Address: _____ City: _____ State: _____