

UPSHUR COUNTY SCHOOLS

HEALTH INFORMATION (K-12)

Student Name _____
Last Name First Name M.I.

MEDICAL INFORMATION:

Please check any of the following conditions that apply to your child:

Diabetes Seizures Asthma Cystic Fibrosis Bee Sting Allergy Heart Glasses Other _____

Physician Name: _____ Physician Phone Number: _____

List Allergies: _____

Medication to be taken at school and at home with time(s): _____

Medical devices, appliances, etc. the student wears or uses: _____

Disabled or serious diseases: _____

Steps to take for above conditions: _____

In the event that the school is unable to locate a parent or guardian in an emergency, I hereby authorize school authorities to have my child transported for emergency treatment and give permission for the information on this card to be released to the medical facility and physician providing emergency treatment.

Parent/Guardian/Foster Parent Signature _____ Relationship _____

West Virginia Law requires that all students entering West Virginia Schools for the first time have their vision, hearing and speech tested. If your physician is unable to complete this part of the Healthcheck physical, your signature below gives us permission to complete this screening.

I give my permission for Upshur County Schools' personnel to perform the necessary screening required for my child.

Parent/Guardian/Foster Parent Signature _____ Relationship _____

Date _____