

PONAGANSET HIGH SCHOOL
Health Information Form

ALLERGIES _____

M _____ F _____

GRADE _____

NAME _____
LAST FIRST MIDDLE DOB _____

ADDRESS _____
STREET CITY ZIP PHONE _____

RESIDE WITH: _____ MOTHER _____ FATHER _____ BOTH _____ OTHER _____

CUSTODIAL AGREEMENT: N/A _____, MOTHER _____ FATHER _____, RESTRAINING ORDER YES _____ NO _____

PARENTS/GUARDIANS:

MOTHER'S NAME _____ HOME PHONE _____

WORK PHONE _____

CELL/PAGER _____

FATHER'S NAME _____ HOME PHONE _____

WORK PHONE _____

CELL/PAGER _____

BROTHERS & SISTERS _____ AGE _____ GRADE _____

AGE _____ GRADE _____

(OVER)

EMERGENCY CONTACTS (OTHER THAN ON OTHER SIDE)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

ARE THERE ANY MEDICAL CONDITIONS? (CIRCLE ONE) YES NO

DESCRIBE MEDICAL CONDITIONS: _____

Please list prescribed and authorized over the counter medications: _____

FAMILY PHYSICIAN _____ TELEPHONE NUMBER _____

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO KEEP THE SCHOOL ADVISED OF ANY CHANGES.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

THE ABOVE INFORMATION IS ALLOWED TO BE SHARED WITH STAFF ON A NEED TO KNOW BASIS.