

The Westminster Schools Health Form • Grades P1-12

Student enrollment will be considered incomplete without this form's completion, including all signatures.

This form does not require a doctor's signature.

Both pages require a parent/guardian's completion and signature only.

All new students must submit a Georgia Certificate of Immunization, Form #3231, which should be obtained from your pediatrician or county health department.

School year beginning in June - August 20____ Birth date _____ Male Female Rising Grade _____

Student's Name _____

Parent or Guardian Name(s) _____

Home Address _____

Mother's home _____ Mother's work _____ Mother's cell _____

Father's home _____ Father's work _____ Father's cell _____

Emergency Contacts

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Pediatrician/Primary Care Provider _____ Phone _____

Preferred Hospital/ER _____

Insurance Company _____ Policy # _____ Group # _____

Policy Holder's Name _____

List Any Major Health

Issues: _____

List All Daily

Medications: _____

Asthma? Yes No **Severe?** Yes No **When?** (Circle) Fall / Winter / Spring / Sports / Viral / All

Treatment/Inhalers: _____

Inhaler(s) Kept Where? _____

Allergies? (food, medication, insects, etc.): _____

Allergy life threatening? Yes No **Epinephrine (EPI-PEN) prescribed?** Yes No

Allergy Action Plan? Yes No (Please provide a copy if you have one.)

Reaction / symptoms / treatment: _____

Medications are dispensed in the Infirmary. Do we have permission to give your child the following ?:

Acetaminophen (Tylenol) Yes No Decongestant (Sudafed) Yes No

Ibuprofen (Advil) Yes No Antihistamine (Benadryl) Yes No

Antacid (tablets or liquid) Yes No

I give my consent for ALL Westminster employees, certified athletic trainers, nurses, coaches, or team physicians to use their best judgment, based on the information provided on this form, in securing medical and/or ambulance service in the event of a medical/dental emergency.

Parent/Guardian Signature _____ Date _____