SUCCESS ACADEMY

Student
Health
Services

CAREER ACADEMY

Student Health and Medication Form

Studnets' Name: _____

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Date of birth: _____

Parent/Guardian: _____

Home Number: _____

Cellphone Number: _____

Medical History

- ☐ Asthma
- ☐ Seizures
- ☐ Diabetes
- ☐ Digestive issues
- ☐ Food allergies ⟶ which foods: _____
- ☐ Other, please explain: _____

Consent for Over-the-Counter Medications

(Only valid if Praent/Guardian checks off and signs below)

Tylenol or Ibuprofen	☐ Yes ☐ No	
Notify me when my child takes any.	☐ Yes ☐ No	
Antacids/Tums	☐ Yes ☐ No	
Notify me when my child takes any.	☐ Yes ☐ No	
Cough Drops	☐ Yes ☐ No	
Notify me when my child takes any.	☐ Yes ☐ No	

Parent/Guardian Signature: _____ Date: _____

Please make sure your students' immunizations are up to date.
All prescription medications must have a doctors order.
A new Emergency Form is required every year, thank you!