

Please list any allergies and reaction to the allergies that your child has:

Allergy _____ reaction _____

Allergy _____ reaction _____

Allergy _____ reaction _____

Chronic health problems: _____

Daily medications: _____

List any operations, serious injuries, or major illnesses this child had/has and give dates: _____

List other children who live in the same household.

<u>Name</u>	<u>Relationship to above</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School health services are provided by the Washington County Health Department Staff. IF you do not wish for your child to participate in the school health services program, you must submit a letter to the school nurse. Please list any services you do not desire for your child on the letter you submit.

In case of accident or serious illness during the school day, I request that the school contact me. **In case of emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and give the necessary treatment.** I understand that I will be responsible for any and all related charges.

I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.

Parent/Guardian Signature

Date