





Eastern Suffolk  
BOCES

Educational Services That Transform Lives

2011-2012  
Summer School  
Health Form

### 2011-12 Medical Information

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

\_\_\_\_\_

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Health Alert- Does your child have any health conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list any health concerns your child has been diagnosed with (such as Asthma, Diabetes, Epilepsy, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication your child is currently taking.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any limitations due to these medical conditions?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies?

\_\_\_\_\_  
\_\_\_\_\_

Please list the name of three relatives or friends that may be called in case of an emergency, or if your child is sick in school. In case of an emergency your child will only be released to the persons listed on this form.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Is there a person who should not have access to your child? Yes \_\_\_\_\_ NO \_\_\_\_\_

Order of Protection \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non-Discrimination Statement**

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment or candidate for enrollment on the basis of gender, race, color, religion or creed, age, national origin, marital status, disability or any other classification protected by law. For further information or concerns regarding this statement, please contact the Eastern Suffolk BOCES Department of Human Resources at (631) 687-3029.