

Portland Public Schools STUDENT MEDICAL INFORMATION

Student Name _____ Circle one: Male Female
Address _____ Zip _____
Phone _____ Birth Date _____ Soc. Sec. # _____ (optional)

Parent/Guardian Name _____
Phone (Home) _____ (Work) _____
(Cell Phone) _____
Address _____ Zip _____

Other Emergency Contact _____ Phone _____
Address _____ Zip _____

Doctor _____ Phone _____
Address _____ Zip _____

Hospital Preference _____ Phone _____

Insurance coverage Yes No

Name of Insurance Company _____

Does this student have any medical issues? Yes No

If yes, please explain _____

If any, attach a letter to the school from his/her doctor containing instructions for medications and medical protocol.

Is this student taking any medication? (Medication includes nonprescription drugs: i.e. aspirin, etc.)

Yes No

If yes, please specify _____

Is this student allergic to any drugs? Yes No

If yes, please specify _____

Is this student allergic to insect bites or stings? Yes No

If yes, does this student have an insect bite kit for emergencies? Yes No

What date did this student receive his/her last tetanus shot? _____