

Pontotoc County Students Health Information Summary

May acetaminophen, antacids, and ibuprofen be given at school? Yes No

I, _____, give Pontotoc County Schools permission to administer
(printed name of parent/guardian)
 emergency treatment to _____, and I assume all necessary expenses.
(printed name of student)

Name	Grade	Teacher	
Date of Birth / /	Race	Gender	
Address		Phone (incl. area code)	
Father/Guardian	Place of Work	Phone (incl. area code)	
Mother/Guardian	Place of Work	Phone (incl. area code)	
Mother's Cell #		Father's Cell #	
Allergies		Problems	
Emergency Contacts (not listed above)	Name (1)	Relationship	Phone (incl. area code)
	Name (2)		

Health History

Condition	Yes	No	Condition	Yes	No
Diabetes			Bone Fractures		
High Blood Pressure			Hearing		
Strokes			Vision		
Seizures			Emotional/Behavioral		
Kidney Problems			Surgery		
Asthma/Breathing Problems			Cancer		
Sickle Cell			Other		

If "Yes" on any of the above, please explain: _____

 Parent/Guardian Signature Date / /