PLEASE COMPLETE BOTH SIDES OF THIS FORM

BROOME-TIOGA BOCES INSTRUCTIONAL PROGRAMS STUDENT INFORMATION - HEALTH DATA/PERMISSION

Please Complete, Sign, & Return this form to BOCES

School Year	: 2021-2022	School District:			Bus#:	
BOCES Sit	e & Program:					
Session:	AM PM ALL DAY	Teacher:			Team/Roor	n:
Student:						□ m □ F
	Last	First	Initi	ial		
Date of Birt	h://	Horr	ne Phone:			
Home Addro	ess:					
		Street, City	/, State, & Zip			
Father/Gua	rdian Name:					
Employer:		/_	P	hone:		
				mail:		
Mother/Gua	ardian Name:					
Employer:		/	Р	hone:		
				mail:		
EMERGE	NCY/MEDICAL	INFORMATIO	<u>N:</u>			
Doctor's Na	me:			Phone:		
Home Health Care Company:				Phone:		
Medicaid Se	ervice Coordination:	YES or NO Agend	:y:			
	ervice Coordinator:					
Current Mo	edications:					
Allergies:	Identify <u>the speci</u>	fic allergen (pean	uts, bees, etc.) a	nd explain R	eaction &	Treatment.
Allergen:	Rea	action:		_ Treatment: _		
Allergen:	Rea	action:		_ Treatment: _		
Allergen:	Rea	action:		_ Treatment: _		
Allergen:	Rea	action:		_ Treatment: _		

Current Medical Conditions:	Asthma	Diabetes	Seizures	Other (explain):
Hospitalizations (Year, Hospital	l, Reason/Outcome)):		
Serious Illness/Injuries (Date	, Outcome):			

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR:

(I), (WE), the un	a minor, do		
hereby authorize	(names of 3 persons w	ho are 21 years of age or olde	r):
1			
Name		Relationship	Phone
2			
Name		Relationship	Phone
3		Relationship	Phone
Name		Kelauonsiip	rnone
	onnel, as agents for the undersign Is deemed necessary.	ed to consent to any emergency medical tr	eatment of hospital care by licensed
medical professiona	is defined necessary.		
USE OF SUNS	SCREEN:		
(Article 19 Section 90	7) Supervised Students (self-	directed) may carry and apply sunscr	•
		en on the bottle by the parent may be staff to apply. Written permission by	
		both provider order and parental	
I give permission	for my child to use FDA	A topical sunscreen products:	🗌 YES 🗌 NO

FIELD TRIP PERMISSION:

I give permission for my child to be transported during assigned class time to and from educational activities away from their BOCES Educational Site:

(Parent/Guardian Signature)

(Date)

(Relationship to Student)

PROMOTIONAL RELEASE NOTIFICATION:

Broome-Tioga BOCES may record my child's image and/or voice for use in promotional and educational materials. This includes print, social media, broadcast media and/or inclusion on the BOCES Web Page. I must submit a letter in writing, to my child's program, if their image and/or voice is not to be used.

PLEASE BE SURE TO SIGN THIS FORM