PLEASE COMPLETE BOTH SIDES OF THIS FORM

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

School Year: 2023-2024 School District:			Bu	Bus#:		
BOCES Site & Pro	ogram:					
Session: AM PM ALL DAY Teacher:			Team/Room:			
Student:	Lact	Firet	Initial	Пм П ғ		
Date of Birth:	//	Home Ph	none:			
Home Address:						
		Street, City, Stat	te, & Zip			
Parent/Guardian1	Name:					
Employer:		/	Hours Email:			
Work Phone	e:		Cell Phone:			
Parent/Guardian2	Name:					
			Email:			
Work Phone	e:	Work Hours	Cell Phone:			
EMERGENCY/	MEDICAL I	NFORMATION:				
Doctor's Name:			Phone:			
Home Health Care	Company: _		Phone:			
Medicaid Service C	Coordination: 1	YES or NO Agency:				
Medicaid Service C	Coordinator: _		Phone:			
Current Medicati	ons:					
Allowaise Ideati	futho coocifi	c allorgon ()	, and ovalain Dane	tion 9. Treatment		
_			ees, etc.) and explain Reac			
			Treatment:			
Allergen:	Read	tion:	Treatment:			
Allergen:	Read	tion:	Treatment:			
Allergen:	Read	tion:	Treatment:			

Current Medical Conditions:	Asthma	Diabetes	Seizures _	Other (explain):
Hospitalizations (Year, Hospital,	Reason/Outcome)	:		
Serious Illness/Injuries (Date,	Outcome):			
AUTHORIZATION FOR ME	EDICAL TREA	TMENT OF A	MINOR:	
(I), (WE), the undersigned paren	t(s) of			a minor,
(I), (WE), the undersigned parent do hereby authorize (names of 3	persons who are	21 years of ag	e or older):	
Name	Relationship		Phone	
2			Phone	
3				
Name	Relationship		Phone	
 BOCES School Personnel, as agents for the medical professionals deemed necessary. USE OF SUNSCREEN: (Article 19 Section 907) Supervised Stude Sunscreen that is not outdated, with stud A student who is unable to apply sunscreen that is not outdated. Non self-directed students would be supplyed to be supplyed by the supply	ents (self-directed) me ent's full name writte en may ask BOCES st uld need both provi	ay carry and apply s n on the bottle by tl aff to apply. Writte der order and par	sunscreen produc he parent may be n permission by p ental written pe	ts from home. carried by the student parent/ guardian is needed ermission.
I give permission for my child to	use i DA topicai s	unscreen produ		
FIELD TRIP PERMISSION	<u>l:</u>			
I give permission for my child to be t away from their BOCES Educational S	_	assigned class tim	ne to and from 6	educational activities
(Parent/Guardian Signature)	<u> </u>		(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.