

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: **2020-2021** School District: _____ Bus#: _____

BOCES Site & Program: _____

Session: **AM PM ALL DAY** Teacher: _____ Team/Room: _____

Student: _____ M F
Last First Initial

Date of Birth: ____/____/____ Home Phone: _____

Home Address: _____
Street, City, State, & Zip

Father/Guardian Name: _____

Employer: _____ / _____ *Work Hours* Phone: _____
Email: _____

Mother/Guardian Name: _____

Employer: _____ / _____ *Work Hours* Phone: _____
Email: _____

EMERGENCY/MEDICAL INFORMATION:

Doctor's Name: _____ Phone: _____

Home Health Care Company: _____ Phone: _____

Medicaid Service Coordination: **YES or NO** Agency: _____

Medicaid Service Coordinator: _____ Phone: _____

Current Medications:

Allergies: Identify the specific allergen (*peanuts, bees, etc.*) and explain Reaction & Treatment.

Allergen: _____ Reaction: _____ Treatment: _____

Allergen: _____ Reaction: _____ Treatment: _____

Allergen: _____ Reaction: _____ Treatment: _____

Allergen: _____ Reaction: _____ Treatment: _____

Current Medical Conditions: ___ Asthma ___ Diabetes ___ Seizures ___ Other (explain):

Hospitalizations (Year, Hospital, Reason/Outcome): _____

Serious Illness/Injuries (Date, Outcome): _____

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR:

(I), (WE), the undersigned parent(s) of _____ a minor, do hereby authorize (names of 3 persons who are 21 years of age or older):

- 1. _____

Name	Relationship	Phone
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- 2. _____

Name	Relationship	Phone
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- 3. _____

Name	Relationship	Phone
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4. BOCES School Personnel, as agents for the undersigned to consent to any emergency medical treatment of hospital care by licensed medical professionals deemed necessary.

USE OF SUNSCREEN:

(Article 19 Section 907) Supervised Students (self-directed) may carry and apply sunscreen products from home. Sunscreen that is not outdated, with student's full name written on the bottle by the parent may be carried by the student. A student who is unable to apply sunscreen may ask BOCES staff to apply. Written permission by parent/ guardian is needed.

Note: Nurse Dependent students would need both provider order and parental written permission.

I give permission for my child to use FDA 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: YES NO

(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