

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: **2016-2017** School District: _____ Bus#: _____

BOCES Site & Program: _____

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

Student: _____
Last First Initial _____M _____F

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:

Explain Reaction

Explain Treatment

____ Bee/Insect _____

____ Environmental _____

____ Food _____

____ Medication _____

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

2. _____
Name Relationship Phone

3. _____
Name Relationship Phone

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.

5. In accordance with Education Law §910 and Public Health Law §2540, parental consent is required for health services, treatment and remedial care (other than required health examinations and screenings). An opt out form is available in the Student Handbook as well as on our website @ btoces.org. If no opt out form is on file, BOCES will treat your child as necessary.

USE OF SUNSCREEN

(Article 19 Section 907) Self-directed students may carry and apply sunscreen products from home. Sunscreen that is not out dated, 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: Non self-directed students would need both provider order and parent written permission.

I give permission for my child to use FDA topical sunscreen products: (circle one) YES or 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: (circle one) YES or NO

PROMOTIONAL RELEASE

I give permission to Broome-Tioga BOCES to record my child's image and/or voice for use in promotional and educational materials. This includes print and broadcast media and/or inclusion on the BOCES Web Page: (circle one) YES or NO

(Parent/Guardian Signature)

(Date)

(Relationship to Student)

PLEASE BE SURE TO SIGN THIS FORM