# PLEASE COMPLETE BOTH SIDES OF THIS FORM

Please Complete, Sign, & Return this form to BOCES

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

School Year: **2024-2025** 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*

Parent/Guardian1 Name: _____

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

Work Phone: _____ Cell Phone: _____

Parent/Guardian2 Name: _____

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

Work Phone: _____ Cell Phone: _____

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## 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*
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.

## 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 Sunscreen that is not outdated, with student's full name written on the bottle by the parent may be carried by the student A student who is unable to apply sunscreen may ask BOCES staff to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: Non self-directed 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*