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: **2026-2027** 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: _____

Preferred language for school: _____

EMERGENCY/MEDICAL INFORMATION:

Doctor's Name: _____ Phone: _____

Home Health Care Company: _____ Phone: _____

Coordinated Care Management: ***YES or NO*** Agency: _____

Coordinated Care Manager: _____ Phone: _____

Current Medications:

_____

_____

_____

Allergies: Identify the specific allergen *(peanuts, bees, etc.)* and explain 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 Sunscreen that is not outdated, with student's full name written on the bottle by the parent may be carried by the student A student who is unable to apply sunscreen may ask BOCES staff to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