

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: **2018-2019** 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: _____ / _____ Phone: _____
Work Hours

Email: _____

Mother/Guardian Name: _____

Employer: _____ / _____ Phone: _____
Work Hours

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. _____

| | | |
|-------------|---------------------|--------------|
| <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
|-------------|---------------------|--------------|
- 2. _____

| | | |
|-------------|---------------------|--------------|
| <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
|-------------|---------------------|--------------|
- 3. _____

| | | |
|-------------|---------------------|--------------|
| <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
|-------------|---------------------|--------------|

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) 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: 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

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, social media, broadcast media and/or inclusion on the BOCES Web Page: YES NO

(Parent/Guardian Signature)

(Date)

(Relationship to Student)

PLEASE BE SURE TO SIGN THIS FORM