

MEDICAL INFORMATION FORM FOR GRADES 5-12
Nichols School / attn. School Nurse
1250 Amherst Street, Buffalo NY 14216
Telephone: 716-875-8212 & 716-876-3500 Fax: 716-877-1090
To be completed by Parent(s) and/or Guardian(s)

Student's Name: _____

Student's Address: _____

Date of Birth: _____ Age: _____ Grade in 2009/2010 _____

Parent(s) or Guardian(s): _____

Home phone: _____

Business Phone: _____ (Mom) Business Phone: _____ (Dad)

Cell Phone: _____ (Mom) Cell Phone: _____ (Dad)

If Parent or Guardian cannot be reached contact: _____ Phone: _____

Family Physician: _____ Physician Phone: _____

Hospital (In case of emergency): _____

Medical – Hospital Insurance Company: _____

Group No.: _____ Service No.: _____ Contact No.: _____

PERMISSION SLIP

_____ has my permission to participate in

School-Sponsored Day or Overnight Field Trips, Athletic Trips

Please indicate below:

Allergy (Drugs or Food): _____

Any medication (Tylenol, including inhaler): _____

I/We hereby authorize Hospitalization and Emergency Medical Treatment for my/our child in the event neither I/we, nor the other person(s) named above, can be reached in a reasonable period of time.

You are fully authorized to act in accordance with your judgment in any such emergency and are absolved from any liability or financial responsibility in connection therewith.

Unless you indicate otherwise, information contained on the health form will be shared on a "Need to Know" basis where safety and welfare of your child is at stake. Only relevant information will be shared, such as emergency contact information, allergies, and medical issues that could possibly manifest themselves while the child is not in proximity to a nurse (e.g. school trip). Only teachers and staff that would be in a supervisory capacity over your child would be authorized to access that information.

WE HEREBY AUTHORIZE OUR CHILD TO PARTICIPATE IN SPORTS PROGRAMS AND FIELD TRIPS INCLUDING ALL REQUIRED TRAVEL FOR THE UP-COMING SCHOOL YEAR.

Parent/ Guardian Signature Date

Parent/ Guardian Signature Date