



## INFINITY CHARTER SCHOOL HEALTH FORM

Please complete, sign, and return this health form to Infinity Charter School as soon as possible. Certain information may be shared with other school staff members when the school nurse deems it necessary for the health and safety of the student.

Student's Name \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian 1:	Parent/Guardian 1 Phone #:
Parent/Guardian 2:	Parent/Guardian 2 Phone#:

Please list additional Emergency Contacts who may pick up your child in case a parent/guardian is unavailable.

	Contact's Name	Relationship to Student	Phone Number
1.			
2.			

Child's Doctor/Health Care Provider: \_\_\_\_\_ Doctor's Office Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

Does your child have any allergies? Please list the allergy & reaction. If so, please contact the school nurse to further discuss.

\_\_\_\_\_

Does your child have any of the following health conditions? If so, please contact the school nurse to further discuss.

Asthma: \_\_\_\_\_ Seizure Disorder: \_\_\_\_\_ Diabetes: \_\_\_\_\_ History of Concussion(s): \_\_\_\_\_

Other: \_\_\_\_\_

During the past year, has your child had a serious illness, injury, or surgery?

\_\_\_\_\_

Is your child currently receiving treatment for a health condition or injury? If so, please explain:

\_\_\_\_\_

Please share any family changes you have experienced in the last year. (You may continue on the back of the form if needed).

\_\_\_\_\_

Is your child presently taking any scheduled medication? If yes, please list (You may continue on the back of the form if needed).

Name of Medication	Dosage	Time of Day and How Often	Reason	When Started

All medication administration at school requires a written doctor's order and completion of the Authorization for Administration of Medication Form. Please contact the school nurse with any health questions or to further discuss your child's health needs by calling the school at 717-238-1880 or emailing [nurse@infinityschool.org](mailto:nurse@infinityschool.org). Thank you.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_