

MEDICAL HISTORY, CONDITIONS, AND ALLERGIES

Student name: _____

Medical History

Does your child have any medical history we should know about?

Yes

No

Does your child have any medical conditions?

Yes

No

Does your child have any allergies?

Yes

No

Has her child had any recent hospitalizations? Please describe the condition(s), date(s), and location:

Medical Treatment Permission

Do you give consent for the school to obtain immediate medical care if an emergency occurs and you cannot be located immediately?

Yes

No

Permission for OTC medications

Do you give consent for the school to administer Over the Counter (OTC) medication, including ibuprofen, aspirin, and diphenhydramine, on an as-needed basis?

Yes

No

PARENT OR LEGAL GUARDIAN OF STUDENT:

DATE:

**Please fill out all information, sign and send back to registrar@kirby.org or you may drop off your forms or mail them to the Kirby campus (attn Stephenie Dekking, Registrar) by May 15, 2022.