



THE COTTONWOOD SCHOOL
— OF CIVICS AND SCIENCE —

STUDENT MEDICAL INFORMATION

Student Name: _____
PLEASE PRINT

Address: _____ Zip: _____

Phone: _____ Birth Date: _____ Social Security #: _____

OPTIONAL

Parent/Guardian Name: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Other Emergency contact(s): _____ Phone: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Doctor: _____ Phone: _____

Address: _____ Zip: _____

Hospital Preference: _____ Phone: _____

Insurance coverage: Yes ___ No ___

Name of Insurance Company: _____

DOES THIS STUDENT HAVE ANY MEDICAL ISSUES? Yes ___* No ___

* If yes, please explain _____

Is this student taking any medications? (*Medication includes nonprescription drugs: i.e. aspirin, etc.*)

Yes ___ No ___ Name of medication and potential side effects: _____

Do these medications need to be administered at school?

Yes ___ No ___ (*If yes please specify and request and fill out the Student Medication Administration form*)

**If necessary, attach a letter to the school from his/her doctor containing instructions for medications and medical protocol.*

Does the student self administer his medication? (*If so please request a Student Self-Medication Administration Form*)

Is this student allergic to any drugs? Yes ___ No ___

(*If yes, please specify*) _____

Is this student allergic to insect bites or stings? Yes ___ No ___

(*If yes, please specify*) _____

If yes, does this student have an insect bite kit for emergencies? Yes ___ No ___

What date did this student receive his/her last tetanus shot? _____

**It is the responsibility of the Parent/Guardian to notify the student's school
of any change of information contained on this form during the course of the school year.**