

MEDICAL HISTORY

Student Name _____ Sex _____ Date of Birth _____ Grade _____

1. Please circle any health conditions your child may have: Diabetes Asthma Seizure Disorder Ulcer
Nervous Disorder Frequent Ear Infections Strep Infections Bronchitis Heart Condition
Other _____

2. Please list any allergy and reactions: Food _____ Latex _____
Insect Sting _____ Other _____

3. Does your child wear: Contacts? _____ Glasses? _____ For Distance _____ For Reading _____

4. Does your child have any problems with hearing? _____

5. Is your child on Medication? Please list type and dosage _____

6. Has your child had any serious illness, injury/operations? Please list: _____

Is he/she still under treatment? _____

7. Does your child have any disabilities, limitations or need special attention due to health problems? _____

8. Is your child covered under medical insurance? Private _____ Medicaid/CHP _____

Insurance is required for students to participate in sports. The School District does not provide insurance for students, but you may purchase insurance through the school. Forms are available through the High School/Middle School or Athletic Director.

CONSENT TO TREAT: Information on this form may be shared with appropriate team physician, coach, trainer, instructor, sponsor, administrator, medical personnel and/or physician. In the event of an injury or serious illness, I hereby grant permission for the school employees to secure medical services for my student if needed. In the event that the Parent/Guardian cannot be reached, I authorize Dolores Schools to contact the person listed under the Emergency Contact Information Sheet to act on behalf of the parent/guardian.


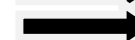
 Signature of Parent/Guardian _____ Date _____

STUDENT USE OF INTERNET AND ELECTRONIC COMMUNICATION

A paper copy will be available only upon request.

Dolores School District is going GREEN! As a result we will no longer be giving every parent/guardian/student a copy of the Student Use of the Internet and Electronic Communications. Please see www.doloresschools.org Click School Board, click Board Policies, click Section J, and scroll to the bottom of the page, JS-E1 & E2.

I understand that if I (parent/guardian and/or student) have not taken the time to read the Student Use of the Internet and Electronic Communications that I am still responsible to follow all policies, guidelines and rules within and that I will be held accountable to them.

 Signature of Parent/Guardian _____ Date _____
 Signature of Student _____ Date _____

BLANKET FIELD TRIP PERMISSION

My child has my permission to participate in field trips to be taken by Dolores Schools during the school year. The School officials are authorized to obtain emergency medical treatment for this student as necessary. If your child takes personal belongings on the field trip he or she will be responsible for them. The School accepts NO responsibility for personal items, such as watches, purses, money, cameras, wallets, phones, etc. This blanket form may be used for similar trips which are scheduled during the school year. Parent/Guardian may withdraw a student's permission for any field trip at any time by notifying the student's teacher and the office.

 Signature of Parent/Guardian _____ Date _____

IMMUNIZATION REGISTRY NOTICE: Your child's shot information is being entered in the Colorado Immunization Information System (CIIS), a confidential, statewide immunization record tracking system. You can choose to exclude your child's shot information from CIIS at any time. Please ask your school nurse or your health care provider for further information.

Are you experiencing homelessness or living with others while in transition? Yes _____ No _____