HAMMITT JUNIOR-SENIOR HIGH SCHOOL MEDICAL HISTORY/CONSENT FORM

Child's Name:

asthma, diabetes)	conditions (i.e. heart disease, ep		sorder, severe allergies, eye	or ear problems,
Special Instruction	ons:			
Medications take	n at home:			
at	school:			
Allergies:				
	mmitt School staff will make effo o the parent/guardian's preferred			instructions and
Preferred Hospital (circle one): Advocate B Preference		BroMenn OSF St. Joseph		No
	ize school officials to take whatevold the school financially responsion			
Signature	of Parent/Guardian		Date	
-	of Parent/Guardian (check): Measles: M	lumps: Chic		ever:
-	(check): Measles: M			
-	(check): Measles: M Severe NoseBleeds:	Premature H	cken Pox: Scarlet Fe	
-	(check): Measles: M Severe NoseBleeds: Serious injuries:	Premature E Describe:	cken Pox: Scarlet Fe Birth:	
-	(check): Measles: M Severe NoseBleeds: Serious injuries: Surgeries: D	Premature E Describe: escribe:	cken Pox: Scarlet Fe	
-	(check): Measles: M Severe NoseBleeds: Serious injuries: Surgeries: D Bone Fractures:	Premature F Describe: escribe: Describe:	cken Pox: Scarlet Fe	
-	(check): Measles: M Severe NoseBleeds: Serious injuries: D Surgeries: D Bone Fractures: Hospitalizations:	Premature F Describe: escribe: Describe: Describe: Date:	cken Pox: Scarlet Fe	
-	(check): Measles: M Severe NoseBleeds: Serious injuries: D Surgeries: D Bone Fractures: Hospitalizations: Positive TB skin test:	Premature F Describe: escribe: Describe: Date: Date:	cken Pox: Scarlet Fe Birth: Reason:	lts:
-	(check): Measles: M Severe NoseBleeds: Serious injuries: D Surgeries: D Bone Fractures: Hospitalizations: Positive TB skin test: Vision/Hearing problems	Premature F Describe: Describe: Describe: Date: Date: Date: Date: Date: Date: Date: Date: Date:	cken Pox: Scarlet Fe Birth: Reason: Chest X-ray resu	lts: levices:
-	(check): Measles: M Severe NoseBleeds: Serious injuries: D Surgeries: D Bone Fractures: Hospitalizations: Positive TB skin test: Vision/Hearing problems	Premature F Describe: Describe: Describe: Date: Date: Date: Date: Date: Date: Date: Date: Date:	cken Pox: Scarlet Fe Birth: Reason: Chest X-ray resu urs glasses: Hearing d	lts: levices:

Signature

Signature