

# Portland Public Schools STUDENT MEDICAL INFORMATION

Student Name \_\_\_\_\_ Circle one: Male Female  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ (optional)

Parent/Guardian Name \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell Phone) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If any, attach a letter to the school from his/her doctor containing instructions for medications and medical protocol.
- Is this student taking any medication? (Medication includes nonprescription drugs: i.e. aspirin, etc.)  
 Yes  No  
If yes, please specify \_\_\_\_\_
- 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, 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.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_