



Student Health Record

School: Dimon Magnet Academy Year: 2020-2021

Student's Name: _____ D.O.B. ____ / ____ / ____
Last First Middle

Grade: _____ Teacher: _____ Sex: _____

Race / Ethnicity:

Student Address: _____ Zip Code: _____

Mother/Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Father/Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Special Health Issues (Please check all that apply and explain below):

ADD / ADHD Drug Allergy (Name of Drug): _____ Prosthesis

Asthma Food Allergy (Name of Food): _____ Glasses

Diabetes Insect Sting Allergy (Type of Insect): _____ Braces

Epilepsy (Seizures) Heart Condition (Type): _____ Hearing Aid

Please explain any/all medical conditions, surgeries or problems that your child has had that may or may not present a problem while at school:

List any medication that your student is currently taking:

Reason for medication:

Is there a medical reason that prohibits your student's participation in physical education?

If yes, please supply a doctor's statement for school files.

Additional Medical Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

We will continue to work with parents of medically fragile students to create/comply with Health Care Plans. Parents whose children may need a health care plan for the first time this year due to COVID-19 should contact the Administrator immediately so that it can be created.

For COVID-19 resources, please refer to MCSD home page or <http://sites.muscogee.k12.ga.us/covid-19/>

The Registered nurse or clinic worker will contact your child's physician regarding child's health care needs if necessary.

In the event of an emergency, a representative of the school will contact the family doctor if the parent or legal guardian cannot be reached.

In the event of an emergency, the school will contact an ambulance to transport your student to the hospital.

The following information is optional. It is being asked in order to provide you with health insurance information:

Does your child have health insurance coverage (Ex.: Medicaid, Peachcare, Tri-Care, Blue Cross, etc.)?

Parent/Guardian Signature

Date