

**Greer Middle College Charter High School  
2019/2020 Information for Health Room**

_____ Student's Name		_____ Student's Date of Birth	_____ Social Security #
_____ Street Address		_____ City	_____ Zip
_____ Home Phone	_____ Student Cell Phone #	_____ Mother's Name	_____ Mother's Cell
_____ Father's Name	_____ Father's Cell	_____ Mother's Place of Employment	_____ Work Phone #
_____ Father's Place of Employment	_____ Work Phone #	_____ Doctor's Name	_____ Office Phone #
_____ Insurance Carrier		_____ Policy Number	

*In case of illness or injury, when I cannot be contacted by the school authorities, I authorize the following relatives or friends to be contacted. In case of emergency, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedure and the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. The school will continue to call the parents, guardians or physician until one is reached.*

_____ Parent/Guardian Signature	
Emergency Contact #1:	Emergency Contact #2:
_____ Name	_____ Name
_____ Relationship	_____ Relationship
_____ Home Phone	_____ Home Phone
_____ Cell Phone	_____ Cell Phone
_____ Work Phone	_____ Work Phone

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? Please explain on back.

Asthma _____	Medication Name _____	Inhaler Yes/No _____
Allergies _____	Medication Name _____	Inhaler Yes/No _____
Epilepsy _____	Heart Condition _____	Severe Headaches/Migraines _____
Emotional Problems _____	Kidney Disorder _____	Diabetes _____
Hearing Loss _____	Vision Loss _____	Speech Defects _____

Birth Defects or Deformities \_\_\_\_\_

Is your child under the care of a physician at present? \_\_\_\_\_ Reason? \_\_\_\_\_

Is your child on medication that is taken on a regular basis? \_\_\_\_\_ (separate permission to dispense form must be on file)

DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

**ALL MEDICATIONS: REQUIRED DOSAGE FOR THE SCHOOL MUST BE BROUGHT TO THE ADMINISTRATION OFFICE FOR DISPENSING. SEPARATE 'PERMISSION TO ADMINISTER' FORM MUST BE FILLED OUT IN ORDER TO DISPENSE ANY MEDICATIONS. THIS INCLUDES OTC MEDS SUCH AS TYLENOL, IBUPROFEN, AND MYDOL.**