

Ziji Early Elementary School  
Medical Information Form  
*Please type or print all information*

Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In case of emergency, call:

Parent #1  
Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Pager/Work Phone \_\_\_\_\_

Parent #2  
Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Pager/Work Phone \_\_\_\_\_

Additional local persons who can be called in emergency if parent cannot be reached:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency, I give the teachers at Ziji Early Elementary School permission to authorize medical treatment for my child.

Signature \_\_\_\_\_

Physician:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dentist:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Carrier:

Name \_\_\_\_\_

Office Phone / Emergency Phone \_\_\_\_\_

Group Number \_\_\_\_\_

ID Number \_\_\_\_\_

If Physician cannot be reached, the school should (check one):

\_\_\_\_\_ Call the nearest emergency hospital

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

MEDICAL BACKGROUND

List any allergies your child has, including allergies to medications:

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List and explain any continuing medication your child is taking:

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What additional medical information should we have for dealing with an emergency situation?

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Has your child:

Been hospitalized at any time since birth? Yes \_\_\_\_\_ No \_\_\_\_\_

For what? \_\_\_\_\_

Had any surgery? \_\_\_\_\_

Had any serious injuries (type and dates)? \_\_\_\_\_

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Anything you want us to know about serious illnesses that are in the family history?

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The school provides sunscreen. I authorize Ziji Early Elementary to reapply sunscreen to my child as needed (Parents are responsible for initial application each morning.) If you wish your child to have a different sunscreen product please bring your own in, marked with your child's name.

\_\_\_\_\_ Initial

If you wish your child to have mosquito repellent, homeopathic/Rx medications given during the school day, please bring item to school with your name on the product and a note from you (for repellent) or your child's doctor (for medications) giving directions and permission. Medications are kept in the office.