



Sample Student Medical Information Form – Lee’s Summit R-7 School District

Date: _____

School Year: _____

Student Name: _____

DOB _____

Student Number _____

Address: _____

IN CASE OF ILLNESS/INJURY OR EMERGENCY, CALL IN LISTED PRIORITY: Home Phone: _____

Name	Phone Number 1	Phone Number 2	Relationship
1.			
2.			
3.			
4.			
5.			

Doctor's Name: _____

Phone: _____

Hospital Preference: _____

Dentists' Name: _____

Phone: _____

Student's Health Concerns: _____

Allergies: _____ Describe Reaction: _____

Student's Medications at Home and School: _____

Health Information will be shared with the persons listed on this form and the R-7 staff on a need-to-know basis. IN CASE OF EMERGENCY, "911" WILL BE CALLED AND PARENTS NOTIFIED.

NOTE: Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis.

Parent/Guardian Signature _____

Date: _____