OCCS Aftercare	Annuai Studen	it Health and N	iedica	i information
Office Use Only Date:	Reviewed by:		Procare U	Jpdated (date):
Parent/Guardian - Please complete all areas below (PRINT)				
Student ID #:		Grade:		Teacher:
Student's Legal Name: Last		First:		Middle:
Also known as (alias): Last		First:		Middle:
Date of Birth: Month/Day/Year//	☐ This child may participelow.	pate fully in school activities including physical education. pate in school activities including P.E. with the restrictions listed		
Student Health and Medical Information ***Parent/Guardian must contact the school age child care services if his/her student has a health condition***				
Name of child's Physician:		Ph	one Numb	er:
Name of child's Dentist:	.W.	Ph	one Numb	er:
Does your child have any heath condition(s) that the school age child care staff members should be aware of? No Yes If yes, please briefly describe the condition(s) and any assistance needed at the school age child care services.				
Does your child have any allergies?	No ☐ Yes If yes, lis	st		
Does the allergy require lifesaving medication?				
Does your child have any heart conditions? ☐ No ☐ Yes If yes, please describe				
SCHOOL				
Does your child have emergency medication prescribed? No Yes If yes, specify				
A completed and signed Medication Authorization form must be submitted to the school before medications may be administered.				
Section I. Child Identified: If your child requires routine medications after school, the parent(s) or legal guardian(s) shall provide written documentation to the school nurse using district authorization forms to arrange for the child to take his/her medication prior to entering the after school services. Section II. Parent/Guardian Consent: By my signature below, I accept responsibility to notify school age child care services of any changes of my home or business address and phone numbers in case of any emergency. I understand that EMS (911) will be called when there is any emergency requiring evaluation and/or transport of my child for medical treatment, and I will assume responsibility for payment for EMS services. In case of an accident or illness for which immediate emergency treatment is not needed, but my child is unable to remain in school, I request that the Site Supervisor/Designee contact the parent(s)/guardian(s) name above. If unable to reach a parent or guardian, I request that one of the emergency contact person(s) listed on the enrollment application be contacted to pick				
up and/or care for my child. Section III. Parental Certification and Responsibilities: I certify that all the above emergency, health and medical information is true and accurate to the best of my knowledge. I also understand and agree that if I have identified that my child has a health or medical condition that may require some kind of assistance or management while he/she in the school age child care services, it is my responsibility to contact the Site Supervisor/Designee to make him/her aware of the health or medical condition(s) and discuss a possible plan of care while				

attending the school age child care services. By signing this document, I understand and agree that information contained on this form may be shared with appropriate school staff, school age child care staff, and health care professionals according to the Health Insurance Portability and Accountability Act (HIPPAA) on a need-to-know basis for the health and safety of my child.

Relationship

Date

Signature

Print Name of Parent/Guardian