The Tisbury School

Post Office Box 878
40 West William Street
Vineyard Haven, Massachusetts   02568
Tel.: (508) 696-6500   Fax: (508) 696-7437

John Custer
Principal

Sean Mulvey
Assistant Principal

HEALTH FORM

Student's Name_____Age_____D.O.B._____

Home Address_____Home Telephone

_____

Father's Name_____Mother's Name _____

Home Phone _____Home Phone ___-_____

Work Phone _____Work Phone _____

Cell Phone_____Cell Phone _____

Other Emergency Contact (If parents can't be reached):

Name _____ Relationship _____Phone _____

Family Doctor_____Telephone _____

Health Information:
1.   Please list: Food Allergy_____

Drug Allergy_____

Bee Sting Allergy?_____EPI-PEN?_____

Other Allergy?_____

2. Does your child have any medical concerns (such as asthma, ADHA, etc.)?
Please describe_____

_____

3.   In order to protect your child from possible embarrassment, this information is needed:
        a. Is (s)he a bedwetter? _____b. Does (s)he sleepwalk?_____
4. Date of most recent Tetanus vaccine: _____
                              (School nurse will fill in date)

The following chaperones have my permission to administer medication:
Meredith Goldthwait or
Sean Mulvey

MEDICATION(S) YOUR CHILD WILL BE BRINGING ON THIS TRIP: *

Medication	Dosage	Times

PLEASE NOTE: MEDICATION MUST BE PROPERLY LABELED & GIVEN TO THE SCHOOL NURSE ON ___Tuesday, Jan 5, 2015___

Students are not permitted to carry their own medications. This includes over-the-counter drugs (Exceptions are made for asthma inhalers and Epi - pens)

PERMISSION FOR MEDICAL TREATMENT:

   In case of illness or injury, the school and parents will be notified. In the event of an emergency that requires medical attention, we will need parental permission:

   In case of an emergency, I give my permission to the chaperones to secure proper treatment and/or for a doctor to give anesthesia or any other necessary medical attention to my child.

Date: _____ Signature (Parent or Guardian) _____

INSURANCE INFORMATION:

In case of an injury or illness requiring medical attention, the following information is needed. (If you have no insurance or if your primary insurance company does not cover any of the costs, school insurance will pay what is not covered.)

Name of Insurance: _____

Address: _____

Telephone # _____   Policy # _____

Policy Holder's Name: _____