



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, ADHD, 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)

MORE HEALTH INFORMATION ON BACK*

The following nurse has my permission to administer medication:

Denise Lambos

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 Thursday June 2nd

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

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: _____