COOPERSTOWN CENTRAL SCHOOL
HEALTH SERVICES

Student's Last Name ________ First Name ________ MI ________

Date of Birth ________ Grade ________ Teacher ________

Complete Mailing Address ________ Home Phone ________

Father's Name (Guardian) ________ Workplace ________ Work Phone(s) ________

Mother's Name (Guardian) ________ Workplace ________ Work Phone(s) ________

Child resides with ❑ both parents ❑ mother ❑ father ❑ other________

If parents are unavailable in an emergency, contact:

Name	Address	Workplace	Phone
1.			
2.			

I give permission for transport and treatment of my child at Bassett Healthcare or the closest medical facility in case of serious illness or injury. (You will be notified as soon as possible.) Yes ❑ No ❑

If not, what are your plans for emergency care? ________________

____

Enrolled in School-Based Health? ❑ yes ❑ no

Medical Insurance Provider ________

Student's Physician ________ Location ________ Phone ________

I will allow transfer of medical information concerning my child with school personnel and his/her doctor's office as needed.

Signed________________
Parent/Guardian

over please

Please indicate dates and specific information for those that apply:

Asthma ____________________ Seizures ____________________

Allergies ____________________ Vision Problem ____________________

Operations ____________________ Hearing Problem ____________________

Serious Injuries ____________________ Daily Medication ____________________

____

Additional Health Information: ____

____

Any limitation on physical activity? ____

____

Additional Comments: ____

____

Signed ____
Parent/Guardian

Email Address ____

Information for Parents

MEDICATION in school, including over-the-counter, must be kept in the Nurse's Office and administered by the school nurse unless otherwise specified by the physician. It must be delivered by a parent in its original container, accompanied by written M.D. instructions and parent permission (New York State Law).

SCHOOL INSURANCE provides only partial coverage for student injuries. Bills are first submitted to family insurance, then school insurance may cover some portion of the remainder.

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