

**NORTHERN LEHIGH HIGH SCHOOL  
EMERGENCY HEALTH OFFICE INFORMATION  
PLEASE PRINT**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ PARENT(S) CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY AND ZIP \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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CONFIDENTIAL HEALTH INFORMATION TO BE KEPT IN HEALTH OFFICE:

Has your child ever had any serious illnesses, operations, or special health concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No

What? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Is your child presently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Is your child allergic to anything such as food, insects, plants, or medicines? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify: \_\_\_\_\_

If yes, does child carry an EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No

What hospital would you prefer if a choice is possible? \_\_\_\_\_

Do you give permission for your child to receive acetaminophen (Tylenol) or ibuprofen (Advil) in the Health Office as needed for pain? \_\_\_\_\_ Yes \_\_\_\_\_ No

I DO HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS, THE NORTHERN LEHIGH SCHOOL DISTRICT, ITS AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY AND CLAIM WHATSOEVER FOR THE ADMINISTRATION OF THE ABOVE MEDICATION TO MY CHILD, AND AGREE THAT SAID DISTRICT SHALL NOT BE HELD ACCOUNTABLE FOR THE DEVELOPMENT OF ANY TYPE OF REACTION FROM THE ADMINISTRATION OF SUCH MEDICATION.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_