

Bedford High School – Health Form
 (This form is to be completed by Parent or Legal Guardian)

Date: _____

Student Name			Date of Birth		
Street Address					Sex
City		State		Phone	
Father's Name			Work Phone ()		
Mother's Name			Work Phone ()		
Emergency Name and Phone					
Dr.		Address		Phone	
T.B. Test:	Type	Date		Results	
Immunizations:	Initial Series	Booster (most recent)			
Tetanus []	DPT []	Polio []	Small Pox []	Measles/Mumps []	

Has the child had:

<input type="checkbox"/> Allergies***	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Polio
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> German Measles	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Ear Problems	<input type="checkbox"/> Measles	<input type="checkbox"/> Surgery
<input type="checkbox"/> Emotional Problems	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Other
List Allergies		

Abnormalities or other conditions of which the directors should be aware:

All medications are to be properly labeled in their original container and given to the one designated chaperone/instructor and he/she will dispense the medication.

Name of Insurance Company _____

Policy Number _____

In the event of serious illness or accident, I understand that every attempt will be made to notify me, however, in an emergency, I hereby give authority to the directors to hospitalize, secure proper treatment, authorize anesthetic and/or surgery for my child named on this form.

Date

Signature of Parent or Guardian

I give permission for _____ to take: aspirin, Tylenol, or other _____ according to labeled dosage.

Date

Signature of Parent or Guardian