

Does the student suffer from any serious medical conditions or allergy? Yes _____ No _____
If so, what is the condition, and please list any special instructions for the condition(s).

Does this student suffer from asthma? _____ Yes _____ No
If so, does this student use or carry an inhaler or any other asthma medication? Yes _____ No _____
All students carrying an inhaler must complete the "Parent Permission to Dispense Medication Form" which may be found on the school website.

Does this student require any medications throughout the day? Yes _____ No _____
If so, please list the medication and dosage:

Physician: _____ Phone #: _____

Manchester Hospital Preference: _____ CMC _____ Elliot

Contact persons authorized to care for my child if I cannot be reached:

Name	Phone	Relationship
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Name	Phone	Relationship
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In case of an emergency, illness, or accident, the school is authorized to have my child transported by ambulance to the nearest emergency room if deemed necessary. Health information on my child may be shared with all responding emergency personnel and ER team.

Signature of Parent or Guardian

Date