

# Portland Public Schools STUDENT MEDICAL INFORMATION

Student Name \_\_\_\_\_ Circle one: Male Female  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ (optional)

Parent/Guardian Name \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell Phone) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Insurance coverage  Yes  No

Name of Insurance Company \_\_\_\_\_

Does this student have any medical issues?  Yes  No

If yes, please explain \_\_\_\_\_

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If any, attach a letter to the school from his/her doctor containing instructions for medications and medical protocol.

Is this student taking any medication? (Medication includes nonprescription drugs: i.e. aspirin, etc.)

Yes  No

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

Is this student allergic to any drugs?  Yes  No

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

Is this student allergic to insect bites or stings?  Yes  No

If yes, does this student have an insect bite kit for emergencies?  Yes  No

What date did this student receive his/her last tetanus shot? \_\_\_\_\_