

Beatrice Public Schools
Registration Form — Student Health Information
Page 4 of 5

Student Name: _____ Student ID#: _____ Teacher/Counselor _____

Room _____
Session AM PM

Medical Alerts (Asthma, Allergies, etc).

Medical Alert 1: _____

Medical Alert 2: _____

Medication Information

Is your child taking any medication regularly? Yes No

If yes, please list the medication(s): _____

Is your child allergic to any medication(s)? Yes No

If yes, please list the medication(s): _____

Indicate allergic reaction: _____

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Immunization Information

*In order for your child to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **NOT** complete, the student **MUST** see the school nurse or designee before enrollment can be completed.*

Doctor/Primary Care Provider

Doctor: _____

Telephone: _____ Extension: _____

Hospital: _____

Dentist _____

Telephone: _____ Extension: _____

Hospital: _____

If parents and family physician cannot be reached at the time of an emergency and if immediate treatment is urgent in the judgment of those in charge, do you authorize and direct the school authorities to send the child properly accompanied, to the hospital or doctor available?

Parent Signature: _____ Date: _____