

**SOUHEGAN HIGH SCHOOL  
STUDENT HEALTH INFORMATION SHEET**

Instructions: This form will be provided to the doctor or medical personnel to whom your child is taken in the event of a medical emergency while on a school-sponsored or school-endorsed field trip. Please complete ALL sections as accurately as possible.

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contacts:

Parent/Guardian 1 \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Telephone \_\_\_\_\_

Other Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

General Information:

1. Food or drug allergies \_\_\_\_\_

2. Other allergies \_\_\_\_\_

3. Date of last tetanus shot \_\_\_\_\_

4. Present medications \_\_\_\_\_

5. Chronic medical problems \_\_\_\_\_

6. Other items of concern \_\_\_\_\_  
\_\_\_\_\_

**Parental/Guardian Authorization**

In case of medical emergency, in the event that I cannot be reached, I authorize Souhegan High School, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist, surgeon, or other health care professional.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy Number