

HEALTH AND HEALTH INSURANCE INFORMATION

-- Health conditions --

Please check all health conditions that apply:

- Asthma Vision Impairments (Wears glasses) Attention Deficit Disorder Heart Condition
 Diabetes Seizure Activity/Epilepsy Hearing Impairments (Wears Hearing Aid)
 Other (please describe) _____

Please list any allergies:

Does the student take any medication on a daily basis? Yes No

If yes, what medication(s)? _____

Will this medication be given at school? Yes No

If YES, please complete the medical authorization form included in this packet. Have your doctor sign it, and return it with the enrollment packet.

When should this medication be administered? _____

-- Physician Information --

Primary Care Doctor: _____ Phone #: _____

Type of Insurance: HMO/PPO Medicaid No Health Insurance Other _____

Please list provider and policy number _____

EMERGENCY RELEASE

In case of accident or serious illness The Chicago High School for the Arts will attempt to reach the parent/legal guardian or one of the emergency contacts listed in the student's file. The Chicago High School for the Arts has my permission to use discretion in securing medical aid in an emergency. It is understood that neither The Chicago High School for the Arts nor the person responsible for obtaining this medical aid will be responsible for the expense incurred.

Signature of Parent or Guardian: _____ Date _____

List any other medical information that you think the school may need: