

DRMS Healthful Living Student Medical Profile for PE Participation



First letter of
your last name

Please complete and return to your Healthful Living Teacher

Student _____ Age _____ Birth Date _____

Address _____

Parent/Guardian (print) _____

Home Phone _____ (mom) _____ (dad)

Cell Phone _____ (mom) _____ (dad)

Work Phone _____ (mom) _____ (dad)

E-Mail _____ (Who?)

E-Mail _____ (Who?)

In case of emergency contact:

Person's Name _____

Phone Numbers: home _____ Cell _____ Work _____

Does your child have any of the following conditions?: (please circle response)

Asthma/Respiratory Illness Yes No
Will a rescue inhaler be needed at school? Yes No

Anemia Yes No

Diabetes Yes No If yes: Type I ____ Type II ____
Will treatment and /or medication be needed at school? Yes No

Epilepsy (seizures) Yes No If yes, please provide details _____

Heart Condition Yes No If yes, are there any restrictions? _____

Allergies Yes No If yes, please provide details _____
() Food _____ () Insect _____ () Environmental _____
Will emergency medication be needed at school? Yes No

Orthopedic or Muscular Problems? Yes No
Will medicine be needed at school? Yes No

Migraines Yes No
Will medicine be needed at school? Yes No

Other(s) (Use back of sheet or separate piece of paper if necessary) _____

Does your child take any medications? _____ If yes, please list _____

Does your child have limitations on exercise/physical activity? If yes, please explain:

IF YOUR CHILD HAS ANY OF THE ABOVE CONDITIONS THAT REQUIRE MEDICATION AND/OR AN EMERGENCY PLAN, THIS NEEDS TO BE ON FILE AT SCHOOL. PLEASE ASK THE SCHOOL FOR A 1702 MEDICATION AUTHORIZATION FORM. This form must be completed at the beginning of each school year.