

INFINITY CHARTER SCHOOL HEALTH FORM

2024-2025



Please complete, sign, and return this health form to Infinity Charter School as soon as possible. Certain information may be shared with other school staff members when the school nurse deems it necessary for the health and safety of the student.

Student's Name _____ Age: _____ Birth Date: _____

Parent/Guardian 1:	Parent/Guardian 1 Phone #:
Parent/Guardian 2:	Parent/Guardian 2 Phone#:

Please list additional Emergency Contacts who may pick up your child in case a parent/guardian is unavailable.

	Contact's Name	Relationship to Student	Phone Number
1.			
2.			

Child's Doctor/Health Care Provider: _____ Doctor's Office Phone #: _____

Child's Dentist: _____ Dentist Phone # _____

Does your child have any allergies? Please list the allergy & reaction. If any of these allergies are life threatening, please contact the school nurse to further discuss.

Does your child have any of the following health conditions? If so, please contact the school nurse to further discuss.

Asthma: _____ Seizure Disorder: _____ Diabetes: _____ History of Concussion(s): _____

Other: _____

During the past year, has your child had a serious illness, injury, or surgery?

Is your child currently receiving treatment for a health condition or injury? If so, please explain:

Please share any family changes you have experienced in the last year. (You may continue on the back of the form if needed).

Is your child presently taking any scheduled medication? If yes, please list (You may continue on the back of the form if needed).

Name of Medication	Dosage	Time of Day and How Often	Reason	When Started

All medication administration at school requires a written doctor's order and completion of the Authorization for Administration of Medication Form. Please contact the school nurse with any health questions or to further discuss your child's health needs by calling the school at 717-238-1880 or emailing nurse@infinityschool.org. Thank you.

Parent Signature: _____ Date: _____