

[REDACTED]

SUMMER CAMP STUDENT RECORDS/FORM B

Student Health Information Form

Student Name: _____ Grade: _____

Physician/Student Insurance Information:

Student's Physician: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Primary Insurance Co.: _____

Name of Policy Holder: _____ Policy #: _____

Group #: _____ Phone #: _____

Health History:

Student's Height: _____ Student's Weight: _____

Allergies: _____

List any health issues which may be a concern at school or require ongoing treatment:

List any medications the student is taking. *(If the student will be receiving medication during the school day, please contact the school nurse and complete a SCHOOL RECORDS: FORM C "Authorization to Dispense Medication").*

Date of last tetanus shot: _____

All Summer Camp students **MUST PROVIDE a CURRENT GA FORM 3231 (GA Immunization Record)** prior to the 1st day of camp. If you are currently a St. Andrew's School student, your current immunization record on file will be examined and you will be notified of any update that is required.

CONFIDENTIALITY AGREEMENT

Due to rules of confidentiality and the differences among parents regarding what they want teachers to know, it is the school's policy that parents should take the initiative each year and schedule meetings with teachers and/or administrators to share information regarding students' medical, psychological or other health related issues.

Parent/Guardian _____ Date: _____