

# MILL CREEK HIGH SCHOOL CLINIC CARD

## STUDENT INFORMATION 2021-2022

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

<b>STUDENT</b>	Current Grade	Date of Birth	ID#
Last Name	First	Middle	

### MEDICAL HISTORY or PROBLEMS

Please mark an X in the boxes below to indicate if your student has had any of the symptoms listed.

YES	NO		YES	NO	
		Diabetes			ADD / ADHD
		Seizures, Last Seizure __/__/__			Asthma: Uses an Inhaler, Last Episode _/_/_
		Heart Condition			Chemical Sensitivity
		Allergies – Describe			
		Epi Pen			
		Medications currently prescribed			
		Other; Please Describe			

*If you checked yes to any of the above, will your child require a detailed medical treatment plan for the above condition?  
If unsure, please call 678-714-5890.*

### List any brothers or sisters who are school age in grades K – 12.

Student's Name:	Name of School:
Student's Name:	Name of School:

I understand that in the event the parent/guardian cannot be reached, the school has my permission to take appropriate emergency medical action including calling 911. All information on this card is accurate and correct.	
Signature of Parent or Guardian: _____	Date: _____

You may view and update emergency contacts in the Update Student Information tab of the Parent Portal.