

CLEARPOOL MEDICAL SUPPLEMENT

(...for all 9th graders and 12th grade students attending the Clearpool Education Center)

Student's Name _____ Grade _____ Sex _____ Date of Birth _____

Health Insurance Provider: _____

Policy Number: _____

Contact telephone: _____

Clearpool Policy Regarding Medications:

Students may not have any medications (pill or oral liquid) in his/her possession. This includes over-the-counter medications like Tylenol. All medications must be given to and held by a school representative or the nurse, who will administer it according to the label instructions. All prescription medications must be in their ORIGINAL pharmacy container and in the student's name.

Please list all medications your child takes on a daily basis:

Medication Name	Dosage	Frequency/hours of administration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any food allergies or dietary restrictions? Please explain:

Does your child have any problems with the following? Check all that apply:

Asthma _____ Seizures _____ Diabetes _____ Heart ailments _____

Allergy to insect bites _____ Sleepwalking _____

Does your child have any other serious medical problems? _____

Are there any limitations to your child's participation in physical activities? Please explain:

Parent/Guardian signature: _____ Date: _____