



PACE BRANTLEY SCHOOL
VISITOR MEDICAL HEALTH AND SAFETY CHECKLIST

NAME OF STUDENT _____ DOB _____

ELEMENTARY ___ MIDDLE ___ HIGH ___ TEACHER ASSIGNED _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

- 1) Has current injuries that required medical attention Y N
2) Has had an illness within the past 2 weeks Y N
3) Is under a physician's care Y N
4) Takes medication currently at home or school Y N
5) Wears glasses Y N
6) Wears contact lenses Y N
7) Any past history of medical conditions Y N
8) Any current/existing medical conditions Y N
9) Do you know of any reason why your child should NOT participate in all PE sports and activities Y N
10) Any known allergies Y N

Please explain any "yes" answers to the above questions

Three horizontal lines for explaining answers.

Any additional concerns we should be aware of?

Three horizontal lines for additional concerns.

Parent Signature

Phone

Date



IN THE EVENT of serious accident or illness, I request the school to contact me. If I cannot be reached, I hereby give consent to members of the Pace Brantley School Staff to make whatever arrangements are necessary to provide emergency care and treatment for my child. I will assume responsibility of payment for services rendered.

IN CASE of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that the school contact me or my spouse to arrange transportation for my child.

Emergency Contact

Name _____

Phone Number _____

Signature of Parent or Legal Guardian

Date