



PACE BRANTLEY PREPARATORY
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:

Please list anything else we should be aware of:

Parent/Guardian Signature

Phone



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 Preparatory 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 _____

Parent/Guardian Signature

Date