Adlai E. Stevenson High School
Health Emergency Form – EXCHANGE STUDENT ONLY

Freshman ☐ Sophomore ☐ Junior ☐ Senior

Name of student _____ **ID#** _____

Check all that apply.

Allergies	
Asthma	
Blood disorder	
Concussion	
Diabetes	
Dizziness	
Gastrointestinal problems	
Hearing problems	
Heart problems	
Loss of consciousness	
Migraine	
Orthopedic problems	
Seizure disorder	
Vision problems	

HEALTH HISTORY

1. For any item checked, please list an explanation:

   _____

2. List all medications taken at home on a daily basis.

   _____

3. Is there any history of serious injury or illness? **YES** **NO**
   If yes, please explain: _____

4. Is there any history of hospitalizations? **YES** **NO**
   Date: _____ Reason: _____

5. Is there any history of surgery? **YES** **NO**
   Date: _____ Reason: _____

6. Other medical information (please explain)

   _____

The undersigned parents/guardians of_____ authorize the group leaders of the Student Travel Experience to obtain medical care in the event that such care is deemed necessary. We understand that, if possible, we will be contacted in an emergency situation. We hereby grant permission for a physician or accredited hospital or its associates to perform any medical and/or surgical procedures that are deemed essential to the emergency treatment of the above named individuals.

Signature of parent/guardian _____ Date

If a parent, legal guardian or the emergency contact person provided cannot be reached, a school official may assume the responsibility of arranging transportation for your child/ward to a medical facility. I give my permission for my child/ward to receive medical care deemed necessary by an attending physician.

I also give my permission for the release of my child's/ward's medical records and/or information from our physician/health care provider to the Health Services office at Stevenson High School. This includes the Certificate of Child Health Examination, immunization record and health history.

_____ _____

Host Family Signature **Date**