

James River High School Regiment Medical Form

Name: _____

Grade: _____ Age: _____

Students Cell Phone Number: _____

Parents Name: _____

Parents Contact Phone Number: _____

(Alternate) _____

Is the child allergic to anything: _____

Has the child had any serious medical issues: _____

When was the last time that issue has come up: _____

What medication is the child on: _____

In case of emergency, and parents cannot be reached, who should we contact:

Name: _____

Relation to child: _____

Phone Number: _____

Does this person have the right to tell the CCPS employee where to send the child in an emergency? Yes No