**ATLANTA PUBLIC SCHOOLS CLINIC RECORD**

Name Date of Birth

- - - - - - - - - -

Last First

# Address

GENERAL HEALTH (Please circle **Yes** or **No** for each item below)

Allergies? Yes or No

Physical Handicaps? Yes or No Diabetes? Yes or No

Asthma? Yes or No Seizures? Yes or No

Health Procedures? Yes or No

Fainting Spells? Yes or No Heart Problem? Yes or No Kidney Problem? Yes or No

Menstrual Problem (cramps)? Yes or No Medications? Yes or No

Other Health Concerns? Yes or No

If you answered yes to any of the above questions, please provide additional information such as specific allergies, medication needs, or other information. -----------------------------

Mother----------

# IN CASE OF EMERGENCY, CALL:

Home#---------

Work#------------

# Father\_ :

\_ Home#---------

Work#------------

Other----------

# Home#

Work#------------

Doctor Dentist----------------

Phone#------------------

Phone#------------------

# Name hospital that you prefer for emergency service

Brother(s)/Sister(s) in this school: Grade----------

Grade- - - - - - - - - -

# Insurance Provider (circle one)

Aetna Medicaid

Blue Cross/Blue Shield Peach State

Cigna Tri-Care

Humana

United Health Care

Other --------

In case of serious illness/injury, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If neither the parent nor designee can be reached and the situation is very serious, the school shall telephpne the County Medical Emergency Unit **(9-1-1)** for immediate transportation to an emergency treatment hospital. Whenever possible, the parent's hospital preference (if it has an emergency room) will be observed. Fees for transportation and medical services will be the responsibility of the parent/guardian.

I understand that effective April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPPA"), disclosure of certain medical information is limited. However, I herein authorize disclosure of pertinent medical information for the provision of services for my child while in attendance in the Atlanta Public Schools District *and* for this information to be shared with pertinent staff as needed. This authorization expires as of the last day of this school year, including the summer/ extended year session.

Date Parent/Guardian Signature

For school system directory information, dial 404.802.3500.The Atlanta Public Schools does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, marital status, or sexual orientation in any of its employment practices, educational programs, services, or activities.