



## HEALTH INFORMATION

Name of Student's Doctor \_\_\_\_\_  
Phone Number \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_

Special Food Needs \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Current Prescriptions \_\_\_\_\_

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### PARENTS:

Please initial if you wish to give Business Week Staff permission to dispense to your child, if necessary, over-the-counter medication such as Tylenol, Advil, cough medicine, eye drops, etc.  
Yes \_\_\_\_\_ No \_\_\_\_\_ Parents/Guardians initials \_\_\_\_\_.

If your child develops a physical issue requiring treatment during Business Week, we will contact you to approve treatment or pick-up of your child.