



**Conditions**

Please list any medical/ health conditions.

**Condition**

**Comment**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies**

Please list all known allergies. In the comment section, include the severity and the treatment.

**Condition**

**Comment**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sensitivities**

Please list all known sensitivities. In the comment section, include the severity and the treatment.

**Condition**

**Comment**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Over the counter medications**

I grant permission for my daughter, named above, to take the following over-the-counter medications (or an equivalent, including generic) during school hours. (And in her Chicago residence.) I have discussed with her the proper dosage for her weight and age and I have made her aware of the health risks posed by overuse of these medications. I agree not to hold LGHS or the host family responsible for any misuse of the medication by my child.

Medication:	Allow	Do Not Allow	Notes:
Acetaminophen	<input type="radio"/>	<input type="radio"/>	_____
Ibuprofen (eg. Advil, Motrin)	<input type="radio"/>	<input type="radio"/>	_____
Benadryl	<input type="radio"/>	<input type="radio"/>	_____
Sudafed	<input type="radio"/>	<input type="radio"/>	_____
Antacid Tablet (eg. Tums)	<input type="radio"/>	<input type="radio"/>	_____
Antibiotic Cream	<input type="radio"/>	<input type="radio"/>	_____
Pepto- Bismol	<input type="radio"/>	<input type="radio"/>	_____

Does the student have any significant medical problem not listed above? Yes \_\_\_ No \_\_\_

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

BH

Student's Full Name: \_\_\_\_\_

Is the student on any maintenance medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain.

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Is the student on any maintenance alternative remedies? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain.

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Is the student prone to the following: (check all that apply)

- Colds
- Ear Infections
- Regular Headaches
- Migraines
- Strep Throat
- Other \_\_\_\_\_
- None of the above

How would you treat the above if it should occur?

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Please explain what could best be done to keep her healthy.

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### Permission for Emergency Medical Treatment

I have adequate medical coverage and insurance and give my daughter permission to attend Lubavitch Girls High School (LGHS) and I agree to indemnify LGHS and its employees for any claim which may hereafter be presented by my daughter as a result of any injuries. In addition, my daughter understands all the safety rules and regulations of LGHS and agrees to conform to them. My daughter's health history is correct and current, so far as I know and my child has permission to engage in all school activities except as described on the official health form. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by school officials to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child attending LGHS.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare that the informant provided above, to the best of my knowledge and belief, accurate and complete.

Please advise that if it comes to our attention that there are health issues that were not disclosed and brought to our attention, we reserve the right to rescind acceptance or to terminate the student's school year.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_