Grade/Teacher:_____

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	Fainting Spells?	Yes or No
Physical Handicaps?	Yes or No	Heart Problem?	Yes or No
Diabetes?	Yes or No	Kidney Problem?	Yes or No
Asthma?	Yes or No	Menstrual Problem (cramps)?	Yes or No
Seizures?	Yes or No	Medications?	Yes or No
Health Procedures?	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._____
_____
_____

IN CASE OF EMERGENCY, CALL:

Mother_____   Home #_____   Work #_____
Father_____   Home #_____   Work #_____
Other_____   Home #_____   Work #_____

Doctor_____   Phone #_____
Dentist_____   Phone #_____

Name hospital that you prefer for emergency service_____

Brother(s)/Sister(s) in this school: _____   Grade_____
              _____   Grade_____

Insurance Provider	Aetna	Blue Cross/Blue Shield	Cigna	Humana
(Circle one)	Medicaid	Peach State	Tri-Care	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 telephone 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_____