

*Bayport-Blue Point School District*  
*~Bayport-Blue Point High School~*  
2016 - 2017

**Medical Update Information  
For**

Student: \_\_\_\_\_  
**(First Name) (Last Name)**

*If you have more than one child attending the high school, please go to the high school portion of the district's website (under "Important Links") for additional forms.*

In an emergency, I authorize the school to call the family physician. (Please provide the information below.)

Name of Family Physician:

Physician's Phone:

( ) -

Physician's Address:

My child has the following condition(s) which require special handling in an emergency:

Please list any allergy information that should be noted on your child's health record:

Please list any recent illnesses, operations, injuries, immunizations or other health information that should be noted on your child's health record:

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE HIGH SCHOOL NURSE'S OFFICE.**