

LYCEE ROCHAMBEAU

MEDICAL INFORMATION FORM 2007-2008

STUDENT'S LAST NAME: _____ DATE OF BIRTH : ____/____/____
Month/ day/ year

FIRST NAME: _____ SEX: F ____ M ____ GRADE IN 07/08: _____

PERSON TO CONTACT WHEN PARENTS
ARE UNAVAILABLE: _____ TEL: _____

IN CASE OF EMERGENCY YOUR CHILD WILL BE TAKEN TO SUBURBAN HOSPITAL (FOREST RD &
BRADLEY BLVD CAMPUS) OR TO HOLY CROSS (CHEVY CHASE CAMPUS)
*DEPENDENTS OF MILITARY PERSONNEL WILL BE TAKEN TO BETHESDA NAVAL HOSPITAL, CHECK IF
APPLICABLE:*

IN CASE OF SLIGHT FEVER, CAN THE SCHOOL NURSE ADMINISTER "TYLENOL" TO YOUR CHILD:
(NOTE: THERE IS NO SCHOOL NURSE ON THE BRADLEY CAMPUS) YES NO

DOES YOUR CHILD TAKE MEDICATION ON A REGULAR BASIS: _____ WHICH ONES: _____

DOES YOUR CHILD SUFFER FROM ALLERGIES
ASTHMA
OTHER; PLEASE SPECIFY _____

FOR CHRONIC ILLNESSES REQUIRING MEDICAL TREATMENT, CONTACT THE SCHOOL NURSE

CHILD'S DOCTOR : _____ TEL. NUMBER: _____

CHILD'S DENTIST : _____ TEL NUMBER: _____

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- ❖ When both parents are out of town, the party responsible for the child must have a notarized medical discharge form, which may be obtained at the school. Without this form, the hospital may refuse to treat your child except in cases of emergency.
 - ❖ It is the parents' responsibility to contract medical and liability insurance. In case of an accident, the school does not cover medical expenses, except where it can be proven that the school was negligent. If your child is not already covered by a medical insurance, the admissions office can provide you with information.

If there are any changes in the information listed above, please notify the school immediately.

DATE: _____ SIGNATURE: _____