



The Sage School requires that all students have their own health insurance. Please complete this form so that we will have the information concerning your student's insurance coverage. It is the parent or guardians' responsibility to ensure that insurance will cover the student for the duration of the school year and that the school is notified of any changes in coverage during the year.

Primary Contact Information:

Student _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____

Father/Guardian Name _____	Mother/Guardian Name _____
Work Location _____	Work Location _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Health Contact Information:

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Any specialists your child is seeing _____ Phone _____

PLEASE INCLUDE A CLEAR COPY OF YOUR HEALTH INSURANCE CARD WITH THIS FORM

Health Insurance Co. _____ I.D.# _____ Group# _____

Insurance Co. Phone _____ Contact person, if known _____

Emergency Contact Information:

Please list 2-3 Emergency Contact Phone numbers of local people whom you authorize to grant emergency medical treatment for your child below.

1. Name _____ Phone _____ Relation _____

Address _____

2. Name _____ Phone _____ Relation _____

Address _____

3. Name _____ Phone _____ Relation _____

Address _____

Medical History

Please check yes or no for each item. Please provide details including severity, dates, and duration, for any yes answers. Attach any additional paper as necessary. A 'yes' answer does not cancel a student's enrollment, but rather will be critical in providing the best care for the student if and where necessary, in the field and with medical professionals.

1) Asthma or respiratory problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	2) Allergies to medications? Yes <input type="checkbox"/> No <input type="checkbox"/>	3) Food allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Insect allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	5) Other allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	6) Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Epilepsy/seizures? Yes <input type="checkbox"/> No <input type="checkbox"/>	8) Hepatitis or other liver disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	9) Bleeding or clotting disorder? Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Migraines? Yes <input type="checkbox"/> No <input type="checkbox"/>	11) Recent injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	12) Infectious disease? Yes <input type="checkbox"/> No <input type="checkbox"/>
13) Chronic or recurring illness? Yes <input type="checkbox"/> No <input type="checkbox"/>	14) In counseling? Yes <input type="checkbox"/> No <input type="checkbox"/>	15) Does he/she see a specialist of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/>
16) Currently taking any medications, prescription or non-prescription? Yes <input type="checkbox"/> No <input type="checkbox"/>	17) Any physical, cognitive, sensory or emotional condition that would require additional assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	18) Any special dietary concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>

Explanations of any yes answers:

The Sage School is hereby authorized to provide first aid when and where appropriate, to further obtain or provide emergency hospitalization, x-ray, examination, anesthetic, surgical or other medical care and treatment deemed necessary. We understand and agree that costs for medical care, including evacuation costs from remote locations, will be provided by us. We confirm that all information listed on this form and any necessary attached information is accurate and complete. We certify that the student is in good health and know of no medical reason why he/she would not be able to participate in The Sage School Program. We further acknowledge that we have read this form thoroughly, with full authority to do so on behalf of ourselves and the student, understand and voluntarily agree to its terms, which shall be legally binding. We agree to hold The Sage School and its representatives harmless if full disclosure of a pre-existing condition has not been provided. This form may be photocopied and shared with people responsible for the aid and medical care of the Student.

Signature of Parent/Guardian _____ Date _____

Signature of other Parent/Guardian _____ Date _____