



Adult Health and Emergency Form

Student Name: _____

Class: _____

If both parents (and/or an approved family member) plan to co-op in the classroom, one of these forms should be completed for each participating adult. This form **MUST** be on file at school before you participate in the classroom.

PART I: Parent Emergency Information: (YOU COMPLETE)

Name: _____

Adult's Physician: _____

Physician Phone #: _____

List any allergies you have to food or medication:

List any long-term medications you are taking:

Any medical conditions we should know about?

Who should we contact if you experience a medical emergency? Please provide TWO contacts.

Name: _____

Daytime phone #: _____

Mobile phone #: _____

Name: _____

Daytime phone #: _____

Mobile phone #: _____

PART II: Tuberculin Screening (TO BE COMPLETED BY PHYSICIAN)

State Licensing requires that participating adults submit documentation of a negative tuberculosis screening prior to entering the classroom. This may be in the form of (1) a letter from your physician or an official at the Health Department stating that a test was not deemed necessary; (2) results of a negative tuberculin skin test (TST); or (3) results of a chest x-ray negative for active tuberculosis disease. **If a test was not deemed necessary, please attach the letter from your physician to this form.** TST or chest x-ray results should be indicated below by physician.

TB Screening documentation provided last school year.

Name: _____

Date TST Administered: _____

Date of Reading: _____

Results: _____

Chest X-Ray - Date of X-Ray: _____

Film #: _____

Healthcare Provider Signature: _____

Date: _____

PART II: Rubella Immunization (YOU MUST SIGN)

All Spring-Mar students are required to provide a proof of immunization for polio, measles, rubella, diphtheria, pertussis, varicella, and tetanus before entering school. However, Spring-Mar honors formal petitions for waiver of these requirements for religious or medical reasons in accordance with the guidelines set by the Virginia State Department of Health.

This means that at some time there may be children in class who could contract these diseases. Other children and adults who are immunized are protected by their own immunizations, but it is crucial that women who are or may be pregnant be certain of their immunity to rubella (German Measles). Women may have their current level of immunity checked by a simple blood test known as the Rubella Titer. All responsible obstetricians require this of their patients, and your physician should certify these test results.

Please sign below to acknowledge your responsibility for current immunity to rubella.

I have read the above information and I assume responsibility for my own current immunity:

Signed: _____

Print name: _____

Date: _____