

ATLANTA PUBLIC SCHOOLS CLINIC RECORD

School	HR/Teacher					
Name						
Last	First					
Address	PENEDAL HEALTH	(Anguer Vec e	r No			
GENERAL HEALTH						
Allergies (Name) Physical Handicaps (Name)		Fainting Spells				
		Heart Problem				
Diabetes		Kidney Problem				
Asthma		Menstrual Problem (cramps) Medications:				
Seizures						
Health Procedures:		Other				
Mothor	IN CASE OF EME					
Mother	_ Home #		Work #			
FatherOther			Work #			
		Phone #	VVOIK #			
Doctor Dentist						
Name hospital that you prefer for	or omorgonov corvio					
Brother(s)/Sister(s)				er		
in this school:			HP/Toach	ier		
III tilis scriool.			i iiv i cacii	ıcı		
In case of serious illness/injury, the school wiparent nor designee can be reached and the immediate transportation to an emergency tracket be observed. Fees for transportation and mediate transportation and me	e situation is very serious, thatment hospital. Whenever p	ne school shall telephonous sible, the parent's ho	ne the County Mospital preference	ledical Emergency Unit	(9-1-1) for	
I understand that effective April 14, 2003, uninformation is limited. However, I herein au attendance in the Atlanta Public Schools District the last day of this school year, including the school year.	Ithorize disclosure of pertine rict and for this information to	nt medical information be shared with pertine	for the provision	n of services for my chi	ild while in	
Date	Parent/Guardian Signature					
Rev. 07-20-06					rm #67072	
	0111110 5 5 5	IOTD ATION				
/T	CLINIC REG to be completed by School		ic visit)			
DATE Complaint	Trea		Time In	Time Out Hor	me/Class	

DATE	Complaint	ompleted by School Nurse at each Treatment	Time In	Time Out	Home/Class