

2024-2025

BLAST Extended School Day Program

Health History Form/Consent to Medical Treatment

Parent/ legal guardian must complete this form prior to child attending the program.

The BLAST program operates on the school campus; however, your child's health information is not shared between the provider agency and the school. In order for BLAST to provide the best possible service to your child, please fill in all necessary information.

CHILD'S NAME _____ BIRTH DATE _____

CHILD'S HEALTH HISTORY – PARENT'S REPORT

Is your child under the regular supervision of a physician? Yes No Date of last exam _____

Does your child currently have asthma or a medical condition that requires him/her to receive medication at school?
 Yes No If yes, please describe:

To request that BLAST staff, administer medication to your child while attending the BLAST program, you must complete the "Authorization to Administer Medication Form" available from your Director.

Specify any other illness, injury, or medical conditions about which staff should be aware: _____

Please list any **allergies** your child has: _____

yes **no** Please check here if your child needs special accommodations due to a medical condition or disability. If there is anything the BLAST staff should know regarding your child's condition, please include a written explanation with your enrollment forms. We want to be aware of any special needs so that you and your child will have a positive experience in the BLAST program.

Parent's evaluation of child's health: _____

Parent's evaluation of child's personality: _____

Does your child have any special fears or challenges? _____

INSURANCE STATEMENT

Please initial only **one** of the following and provide the required information.

My child has medical/dental insurance coverage with (insurance co./ HMO) _____

Policy # _____ Phone # _____

Policyholder's name (please print): _____

My child has Medi-Cal coverage. Medi-Cal ID# _____

My child has no medical/dental insurance coverage at this time.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Administrative procedures vary among medical facilities with regard to provision of medical care for a child in the absence of a parent. The exact procedures required by your preferred physician or hospital should be provided, in writing, to the BLAST Extended School Day Staff. In case of accident or an emergency, I authorize the BLAST Extended School Day Staff to facilitate the transport of my child to the physician named on the Emergency Information form, or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent's or Legal Guardian's Signature _____ Date _____