Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Student Name _____ **Sex** _____ **Grade** _____ **DOB** _____
(Last, First, MI)

Home Address _____ **Zip** _____ **Home Phone** _____

APPLICATION FOR HEALTHY STUDENT PROGRAM MEMBERSHIP

PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY:

Parent Name	**Work Number**	**Home Phone #**	**Cell Phone #**
Emergency Contact from Emergency Card		**Home Phone #**	**Cell Phone #**

STUDENT MEDICAL HISTORY

Name of Family Physician _____ **Physician Phone** _____
Name of Family Dentist _____ **Dentist Phone** _____
Date of Student's Last Physical Exam _____ **Dental Exam** _____
List any ALLERGIES to Medications or Food _____
List any MEDICATIONS that this student is presently taking _____
List any SURGERIES that this student has had _____
CURRENTLY, DOES THIS STUDENT HAVE ANY MEDICAL OR HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF? _____

Family Medical History: (Check all that apply and indicate which family members had or have the condition)

High Blood Pressure	_____	**Tuberculosis**	_____	**Diabetes**	_____
Epilepsy	_____	**Sickle Cell**	_____	**Cancer**	_____
Heart Problems	_____	**Asthma**	_____	**Arthritis**	_____

Weight (overweight or underweight) _____

STUDENT INSURANCE INFORMATION

Is this student covered by HEALTH INSURANCE **YES** _____ **NO** _____

Insurance ID Number _____

Is the student covered by MEDICAID?
(Better Health Plan; Medipass; etc.) **YES** _____ **NO** _____

Medicaid Number _____

Amerigroup Number: _____

ENROLLMENT STATEMENT

We agree to enroll _____ **in the Healthy Student Program. We Understand that the program offers a limited range of services on an as-needed basis as outlined on the Healthy Student Program Application Form. We further understand that these services DO NOT REPLACE the services of our family doctor. In case of accident or serious illness, the school policies outlined on the School's Emergency Information Card will be observed. We give permission to the District to seek third party reimbursement. We further understand that student information is confidential except in those instances when professionals are required by law to report Child Abuse, Death Threats, Suicide Risk, public health concerns, or for billing purposes.**

Parent/Guardian Signature _____ **Date** _____