



HARRISBURG ADVENTIST SCHOOL

Medical Information

School Year
2020 | 2021

GENERAL INFORMATION	
Student Name	Grade
List all known medical conditions:	
List all known allergies:	
List all medications being taken and for what condition:	
Will any medications be administered during school hours?	Y N
Will an inhaler need to be stored at the school?	Y N
<i>Please submit all medical, immunization and dental records for the student file.</i>	

MEDICAL INSURANCE	
Insurance Provider	Policy/ID #
Group #	Phone # <i>(On back of card)</i>

PRIMARY PHYSICIAN	
Medical Office Name and Address	
Physician	Phone#