



MEMORANDUM

To: Field Experience Candidates
From: Helen Chambers, Office of Field Experiences/*hmc*
RE: Coweta County Placements

Your placement has been requested in Coweta County, and since Fall 2004 all candidates are expected to complete the attached Coweta County School System Health Information Sheet (a Word documents follows). You will need to submit the attached information by **ASAP** by mailing it to the Curriculum Department, ATTN: Dorrie Cox, 167 Werz Industrial Drive, Newnan, GA 30263. **Your placement for next term will not be confirmed until you submit the paperwork.**

Thank you.

COWETA COUNTY SCHOOL SYSTEM
FIELD EXPERIENCES STUDENT HEALTH INFORMATION
SCHOOL YEAR: 2011-2012

Name: _____ School: TBA

Address: _____ Home Phone: _____

Emergency Contact #1: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

Other numbers: _____

Emergency Contact #2: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

Other numbers: _____

Primary Physician: _____

HEALTH HISTORY

Pre-existing Conditions

Medication(s) or Treatment Required

Do you wear a hearing aid? Y / N

Do you wear glasses or contacts? Yes: nearsighted – farsighted – bifocal / No

FAMILY HISTORY

(Circle all that apply)

Diabetes/hypertension/cancer of _____/heart disease/stroke/glaucoma

Other: _____

EMERGENCY HOSPITAL PREFERENCE

I, _____, give my permission for the school nurse and/or school administrator to contact my physician in case of an emergency. I also agree to be transported by an Emergency Transport System to (Hospital choice) _____ for emergency treatment.

Signature: _____ Date: _____