



**Yukon Flats School District  
Yukon Flats Vocational Education Center  
P.O. Box 350  
Fort Yukon, AK 99740  
Phone: 907.662.2765  
Fax: 907.662.2988**

**Health Form**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Does the student have any allergies?    Yes        No**  
**(If yes, please list below.)**

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**Is the student currently taking any medications? If so, please list:**

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**Does the student have any medical conditions that staff needs to be aware of?**

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**In case of the need for medical attention, I hereby request that YFVEC staff obtain medical care for my son/daughter, while taking part in the YFVEC's program. My son/daughter will be taken to the Yukon Flats Health Center if medical attention is needed. Please attach proof of Medicaid, Denali Kid Care, or other family health insurance.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Phone contact:** \_\_\_\_\_

**In case of an emergency, if you are unable to be contacted, whom else can we contact?**

**Name:** \_\_\_\_\_

**Alternate Phone contact:** \_\_\_\_\_