

STUDENT HEALTH AND EMERGENCY INFORMATION FORM

Please complete the following information and return to school immediately. Contact school nurse if assistance is needed to complete form.

Student's Name _____
Last First Middle

Address _____

Home Phone _____ Grade _____ Sex _____ DOB: _____ Primary Language _____

Does your child have Health Insurance? _____ Yes _____ No Dental Insurance? _____ Yes _____ No

Health Insurance Company _____ Policy Number _____

Mother/Guardian/Other _____ Home Address _____

Place of Employment _____ Work Address _____

Home Telephone _____ **Work Telephone** _____ **Cell Telephone** _____

Father/Guardian/Other _____ Home Address _____

Place of Employment _____ Work Address _____

Home Telephone _____ **Work Telephone** _____ **Cell Telephone** _____

Name and Grade of sisters/brothers in school building _____

In case of emergency, the school will attempt to contact parent/guardian before calling student's primary healthcare provider (physician). Your child will be transported by ambulance to an emergency care facility if deemed necessary.

Physician Name _____ Telephone Number _____

Dentist Name _____ Telephone Number _____

Preferred Hospital _____

Please list all medications that your child takes: _____

To better serve your child's medical/physical/emotional/educational/social needs, please check the following that pertain to your child:

___ Heart Condition ___ Diabetes ___ Asthma ___ Seizure Disorder ___ ADD/ADHD

___ Migraines ___ Depression ___ Other (Specify) _____

Additional Details: _____

___ Allergies: To what? (food, insects, medication, environment) Specify _____

___ Epi-Pen

Does your child have hearing problems? _____ Yes _____ No

Hearing Aids? _____

Does your child have vision problems? _____ Yes _____ No

Eyeglasses? _____ Contact Lens? _____

Any other information the nurses office should know about your child: _____

I understand that this information is confidential. However, federal law permits information in the school health records to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency. In other circumstances, my consent will be required. I give permission for the exchange of information between my child's healthcare provider and the school nurse.

Parents Signature _____ Date _____