

Emergency Contact and Health Information

Please fill out both sides of this form as completely as possible. Any changes that occur after this form is returned may be forwarded to the school office.

Student Information		
Full Legal Name:	Grade:	Birthdate:
Address:		Home Phone:
Address Listed Above is Student's: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence		Gender: <input type="checkbox"/> M or <input type="checkbox"/> F

Parent/Guardian Information		
Parent Guardian #1:		
Full Name:	Relationship:	Home Phone:
Address:		Cell Phone:
Email:		Work Phone:

Parent Guardian #2:		
Full Name:	Relationship:	Home Phone:
Address:		Cell Phone:
Email:		Work Phone:

Parent Guardian #3:		
Full Name:	Relationship:	Home Phone:
Address:		Cell Phone:
Email:		Work Phone:

Parent Guardian #4:		
Full Name:	Relationship:	Home Phone:
Address:		Cell Phone:
Email:		Work Phone:

Other People in Household (siblings, grandparents, etc.)			
Full Name:	Relationship:	Gender: <input type="checkbox"/> M or <input type="checkbox"/> F	Birthdate:
Full Name:	Relationship:	Gender: <input type="checkbox"/> M or <input type="checkbox"/> F	Birthdate:
Full Name:	Relationship:	Gender: <input type="checkbox"/> M or <input type="checkbox"/> F	Birthdate:
Full Name:	Relationship:	Gender: <input type="checkbox"/> M or <input type="checkbox"/> F	Birthdate:

Emergency Contacts (please list at least one person outside of your household):				
Full Name:	Relationship:	Home #:	Work #:	Cell #:
Full Name:	Relationship:	Home #:	Work #:	Cell #:

Student Information

Student's Full Legal Name:

Health Issues--Check All that Apply and Describe Below

<input type="checkbox"/> ADD/ADHD (<i>Diagnosed</i>)	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma/Respiratory	<input type="checkbox"/> Bladder/Kidney	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Food Intolerances	<input type="checkbox"/> Hearing Concerns	<input type="checkbox"/> Heart/Cardiovascular	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Lead Poisoning	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Seizures/Neurological	<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Surgeries/Hospitalization	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> No Health Problems

Describe Health Issues that were checked in the above chart:

Allergies: Yes No (Please specify if allergy is mild, severe, or life threatening to food, animal, medication, other:

My student is carrying his/her own Epi-Pen (physician's orders required): Yes No

Medications/Treatment

At Home: Yes No

At School: Yes No

(Medications in school: Medications can be dispensed in school only when absolutely necessary for the well being of the student. All medications, both prescription and non-prescription, require an order from the doctor and the parent requesting that the medication be given during the school day. Prescription and non-prescription medication must be supplied in the original labeled container. Ask the pharmacist for a bottle for home and one for school.)

Activity Restrictions: Yes No

Explain:

Physician and Clinic Information

Physician:

Clinic:

Phone:

For Your Information

- I understand the information on this form is given voluntarily. This information is collected to provide for your student's health and safety while at school. Your signature gives permission to share health concerns with appropriate staff for your student's safety. Hearing and vision screenings are provided for students according to state guidelines.
- Your signature also authorizes the school to contact the doctor/clinic listed above and/or to provide emergency vehicle transportation to the hospital in the event that you cannot be reached in an immediate emergency. The parent(s)/ guardian(s) are responsible for all expenses.

Parent/Guardian Signature:

Date:

School Fax Numbers:

Cedar Ridge: 952-975-7820	Eagle Heights: 952-975-7721	Eden Lake: 952-975-8420	Forest Hills: 952-975-8620
Prairie View: 952-975-8820	Oak Point: 952-975-7620	CMS: 952-975-7320	EPHS: 952-975-8020