

COMMUNITY UNIT SCHOOL DISTRICT 95
Health Office Emergency Information

Student Name _____ Home Phone _____

Last First

Student Address _____ IL _____

Street City Zip

Date of Birth _____ Gender _____ Registering for Grade _____ New to Illinois? Y / N

Doctor _____ Phone _____

Parent/Guardian Signature _____ **Date** _____

CONFIDENTIAL

HEALTH INFORMATION

Check all that apply

Please explain any yes answers.

Allergies (Specify) No ___ Yes ___ _____

Food (Specify) No ___ Yes ___ _____

Environmental No ___ Yes ___ _____

Seasonal No ___ Yes ___ _____

Other Allergies (Specify) No ___ Yes ___ _____

Asthma No ___ Yes ___ _____

ADHD No ___ Yes ___ _____

Bowel/Bladder Concerns No ___ Yes ___ _____

Diabetes No ___ Yes ___ _____

Emotional Health Concerns No ___ Yes ___ _____

Heart Condition No ___ Yes ___ _____

Hearing Concerns No ___ Yes ___ _____

Glasses/Contacts/Vision Concerns No ___ Yes ___ _____

Seizures No ___ Yes ___ _____

Skin Condition No ___ Yes ___ _____

Other (Specify) No ___ Yes ___ _____

TREATMENTS

Inhaler No ___ Yes ___ _____

Epinephrine No ___ Yes ___ _____

Other No ___ Yes ___ _____

MEDICATIONS

Medication taken at home No ___ Yes ___ List _____

Medication needed at school* No ___ Yes ___ List _____

Medication needed on the bus* No ___ Yes ___ List _____

*** School Medication Authorization form must be on file in the Health Office for medicine to be administered by health office personnel.**

TRANSPORTATION (Health and Welfare Related)

If you answered **Yes** to any of the above questions, please add appropriate information their bus driver would need to know in the school bus environment. (Examples may include whether they carry an Epi-Pen and if they can self-administer or alternative communication prompts for cooperation and/or emergencies): _____

Medical information on this card and in your child's health record may be shared with the educational staff to maintain your child's health and safety in the school setting. The school district is not responsible for any health concerns that are not addressed on this form.
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