

Half Hollow Hills Central School District of Huntington and Babylon
Health and Emergency Card

Gender: ☐ Male

☐ Female

Name: Last:		First:		Grade:		
Address:		Town/Zip		Telephone: Home #: Cell #:		
Street:						
Family Name:		If employed, please give business telephone number:				
Adults in Household						
Name/Relationship		Working Hours		Employer Business Telephone #:		
All Children in Household (Pre School and School Age)						
Name	Date of Birth			School	Grade	Note Any Significant Health History
	Month	Day	Year			
To Be Called in Emergency If Parents Cannot Be Reached						
Name	Address		Telephone Number (Home, Work, Cell)		Relation (neighbor, family member, etc.)	
Physician's Name:						

The School Physician May Be Used in Case of Emergency: ☐ Yes ☐ No

	Parent's Report		Dates
	Yes (please specify)	No	
1. Has your child, during the past year, had any illness, injury, or operation?			
2. Has your child received any immunizations or tests not previously reported?			
3. Has your child, during the past year, been in contact with tuberculosis?			
4. Has your child ever been treated for any nervous or mental disorder?			
5. Is there anything concerning vision, hearing, or the general health of your child which would give the school a better understanding of the pupil?			
6. Does your child have any allergies?			
7. Is your child on any medication?			
8. Is your child being seen by any outside agency or physician?			

Parent's Signature: _____

PARENTS ARE REQUESTED TO COMPLETE THIS CARD PROMPTLY EACH YEAR FOR EACH CHILD IN SCHOOL