INDEPENDENT SCHOOL DISTRICT #701
2023-2024 SCHOOL YEAR

Student's Name _____ Grade _____ Sex _____

School Last Attended_____ DOB: _____

Student Lives With (circle one):

Both Parents *Split time between parents*
Mother *Father* *Guardian Foster*

Is the student currently homeless or displaced from the home and living at an alternative residence?

Yes *No*

Parent/Guardian Contact Information

	Parent/Guardian #1	Parent/Guardian #2
First & Last Name		
Relationship		
Home Address		
Phone Number		
Email Address		
Employer		
Employer's Phone Number		

Additional Emergency Contacts

	Additional Emergency Contacts #1	Additional Emergency Contacts #2	Additional Emergency Contacts #3
First & Last Name			
Phone Number			
Relationship			

Physician/Health Care Provider _____ Dentist _____
(Name & Number) (Name & Number)

Pharmacy _____
(Name & Number)

List any health concerns your child has: (ex: ADHD, Asthma, Diabetes, Allergies, Headaches, Seizures, Vision/Hearing)

_____

_____

Daily Medications at Home: _____

Daily Medications at School: _____

Health Restrictions/Accommodations: _____

Has your child had any serious illness, accident, surgery or hospitalization in the past year:

_____

Other Information that would be helpful for the nursing staff to know when caring for your child:

_____

_____

X _____ X _____
Signature of Parent/Guardian Date

The nurse will share health information/concerns that may affect a student in a classroom, with appropriate staff, unless otherwise is requested in writing.