



STUDENT HEALTH FORM and EMERGENCY CONTACT

Agua Dulce ISD

Student: _____ DOB: _____ GR: _____ Sex M F

Address: _____ Phone: _____ Cell: _____

Mother: _____ Work: _____ Phone: _____

Father: _____ Work: _____ Phone: _____

Emergency contacts who can assume responsibility for your child. **MUST COMPLETE THIS INFORMATION WITH TWO CONTACTS:** (Please make sure these are **additional** phone numbers to the ones listed above)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone _____ Work _____

Address: _____ City _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone _____ Work _____

Address: _____

City _____

How is health care provided for this student?..... Private Insurance Medicaid SSI CHIPS Other _____

Please give name of your child's health provider(s)/Doctor(s) _____

Phone number(s) for Doctor(s): _____

CIRCLE BELOW AND COMMENT ON PAST OR CURRENT HEALTH PROBLEM(S)

NO HEALTH PROBLEMS: _____ (PLEASE INITIAL)

Allergies (please include all medications and food allergies) _____

ADD/ADHD: _____ Kidney/Bladder: _____ Asthma: _____

Orthopedic: _____ Blood Pressure: _____

Respiratory: _____ Dental: _____

Serious illness/injury: _____ Diabetes: _____

Special Diet: _____ Head Injury: _____

Surgeries: _____ Hearing/Hearing Aid: _____

Vision: _____ Glasses: _____ Contacts _____ reading only _____

Heart/Murmurs: _____ Other: _____

Seizures/date of last seizure: _____

***PLEASE LIST ALL MEDICATIONS:** daily meds:

*Meds to be taken at school: _____

Has your child been hospitalized for a major illness? NO YES If yes, please explain: _____

Is your child currently under medical care? Yes No If yes, please explain: _____

Is there anything we need to know about your child's health? Yes No If yes, please explain _____

I authorize officials of Agua Dulce ISD to contact persons named on this form or on the enrollment card and authorize the physician or emergency room personnel to render treatment of this child as may be necessary in an emergency. If I or the designated persons I have listed are not available, I authorize the officials of Agua Dulce ISD to take whatever action is deemed necessary in their judgment for the health of my child.

I understand that we as parents or guardians are responsible for providing transportation in case of our child's illness or accident, including costs of an EMS ambulance if necessary. I am aware that school officials may have to arrange transportation for our child in a serious situation.

I authorize for the physician/health care-provider(s) named on this card to be contacted for the pertinent health information to be received and given on my child.

Parent/Guardian Signature: _____ **Date:** _____