

Date _____

Grade _____

Teacher _____



**UNION PUBLIC SCHOOLS
STUDENT'S HEALTH & EMERGENCY INFORMATION FOR THE NURSE'S OFFICE**

STUDENT'S NAME: _____ M F DATE OF BIRTH _____

HOME ADDRESS: _____ APARTMENT COMPLEX: _____

STUDENT RESIDES WITH: Mother/Father Mother Only Father Only Mother/Stepfather Father/Stepmother Other: _____

Mother/Guardian Name Home # Work # Cell# Employer

Father/Guardian Name Home # Work # Cell# Employer

ALLERGIES: YES NO List: _____

List any specific instructions for allergic reactions: _____

Is your child taking any medications (at home or school)? YES NO

1. Name of medication _____ Dosage Taken _____

For what reason _____ How long has child taken medication? _____

2. Name of medication _____ Dosage Taken _____

For what reason _____ How long has child taken medication? _____

Health Insurance: Private YES NO Sooner Care YES NO

My child has: Asthma Heart Disease Diabetes Seizures Other _____

Does your child require: Glasses or Contacts Hearing Aids Other _____

Please list any surgeries or additional health problems: _____

Have there been any family changes during the past year you would like to share with us such as:

Separation, divorce or remarriage? YES NO _____

Death or serious illness? YES NO _____

Or any other situation which may affect your child? YES NO _____

If yes, please explain: _____

EMERGENCY CONTACTS (LOCAL NUMBERS ONLY):

In case of illness or accident, the nurse will try to notify the parent or guardian first. If we are unable to contact a parent, we will call other emergency contacts you list below. Please notify these individuals that you have named them as an emergency contact for the school.

Name Home # Work # Cell# Relationship

Name Home # Work # Cell# Relationship

Name Home # Work # Cell# Relationship

By signing this form you give permission to share this information with the appropriate school personnel.

Parent/Guardian Signature