

Date _____

Grade _____

Teacher _____



UNION PUBLIC SCHOOLS STUDENT'S HEALTH AND EMERGENCY INFORMATION

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

HOME ADDRESS: _____ HOUSING ADD/APT COMPLEX: _____

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

Mother's Name: _____ Home# _____ Work# _____ Pager/Cellular # _____ Employer _____
(Guardian)

Father's Name: _____ Home# _____ Work# _____ Pager/Cellular # _____ Employer _____
(Guardian)

Physician's Name: _____ Phone # _____

ALLERGIES: YES NO List: _____

List any specific instructions for allergic reactions: _____

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

Name of medication _____ Dosage Taken _____

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

Health Insurance: YES NO Name of Health Plan: _____ HMO: _____ Medicaid: _____

My child has:

Asthma Heart Disease Frequent Stomachaches Frequent Nosebleeds

Diabetes Seizures Frequent Headaches Other _____

Does your child require:

Corrective Lenses Hearing Aids Orthopedic Devices Prosthesis Other _____

Please list any surgeries or additional health problems: _____

Has 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.

Emergency Name _____ Home# _____ Pager/Cellular# _____ Relationship _____
(Other than Parent)

Emergency Name _____ Home# _____ Pager/Cellular# _____ Relationship _____
(Other than Parent)

Emergency Name _____ Home# _____ Pager/Cellular# _____ Relationship _____
(Other than Parent)

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

Parent/Guardian Signature