



Health & Emergency Information

Student Name _____ Date of Birth _____ Grade _____
(Last) (First)

Home Address _____

Mother or Guardian's Name _____ Phone _____

Address _____

Father or Guardian's Name _____ Phone _____

Address _____

Please list two relatives/neighbors that live nearby who will assume temporary care of your child if you cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Medical Insurance Company _____ Policy Number _____

Primary Care Provider _____ Phone _____

Please list all allergies to medications, foods or environmental issues. Please list the type of reaction your child has to the substance/insect.

- My child has no know allergies
- _____ Reaction/Treatment _____
- _____ Reaction/Treatment _____
- _____ Reaction/Treatment _____
- My child has an Epi-pen to use in the event of a reaction. * **Please submit a note from your Provider stating that your child may carry an Epi-pen and is instructed on how to use one.**

Please check off any medical condition your child has and any treatments or medications they take for them:

- Asthma - Medications/Treatments _____
- Diabetes - Medications/Treatments _____
- Seizures - Medications/Treatments _____
- Attention Deficit - Medications/Treatments _____
- Heart Condition - Medications/Treatments _____
- Musculo/Skeletal - Medications/Treatments _____
- Bleeding Disorder - Medications/Treatments _____
- Anxiety/Depression - Medications/Treatments _____
- _____ - Medications/Treatments _____

****Please submit a note from your Provider with an order for the above medication if they are to be dispensed during school hours.**

Please list any surgeries your child has had or any acute medical events:

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize school staff to take immediate steps to provide medical attention at a local hospital.

Parent/Guardian Signature _____ Date _____