STUDENT EMERGENCY & HEALTH INFORMATION

Student's Name: ______________________ **Teacher:** ____________________ **Grade:** ________
Place of Birth: ______________________________ **Date of Birth:** ______________ **Sex:** ______

Mother's Name: ______________________________ **Cell Number:** ____________________
Home Address: ______________________________ **Home Number:** ____________________
Employer: ______________________________ **Work Number:** ____________________

Father's Name: ______________________________ **Cell Number:** ____________________
Home Address: ______________________________ **Home Number:** ____________________
Employer: ______________________________ **Work Number:** ____________________

Parent's Marital Status: ____________________ **Who Does Child Live With & When?** ______________________________
Step Parent Name: ____________________ ______________________________
Cell Phone: ______________ **Home Phone:** ______________ **Work Phone:** ______________
Legal Guardian (if other then above) Name: ______________________________
Address: ______________________________
Cell Phone: ______________ **Home Phone:** ______________ **Work Phone:** ______________

Emergency Contact: *A responsible party other than a parent or guardian who will transport your child should the need arise and assume temporary care of your child if you can not be reached.*
Name: ______________________________ **Relationship:** ____________________
Cell Phone: ______________ **Home Phone:** ______________ **Work Phone:** ______________
Name: ______________________________ **Relationship:** ____________________
Cell Phone: ______________ **Home Phone:** ______________ **Work Phone:** ______________

Child's Physician: ______________________________ **Phone:** ____________________
Child's Dentist: ______________________________ **Phone:** ____________________
Date of last Physical Exam: ____________________ **Date of last Dental Exam:** ____________________

Other children in the family and their dates of birth:
Name: ______________________________ **Date of Birth:** ____________________
Name: ______________________________ **Date of Birth:** ____________________
Name: ______________________________ **Date of Birth:** ____________________
Name: ______________________________ **Date of Birth:** ____________________
Name: ______________________________ **Date of Birth:** ____________________

Student's Name: ____ **Grade:** ______________

Please indicate if your child has had any of the following by checking below:

☐ **Arthritis**	☐ **Asthma**	☐ **Blood Disorder**	☐ **Blood Transfusions**
☐ **Braces**	☐ **Capped Teeth**	☐ **Chicken Pox**	☐ **Concussion**
☐ **Diabetes**	☐ **Ear Infections**	☐ **Ear Tubes**	☐ **Head Injuries**
☐ **Hearing Problems**	☐ **Hepatitis**	☐ **Heart Disorder**	☐ **Kidney Problems**
☐ **Migraines**	☐ **History of PKU**	☐ **Pneumonia**	☐ **Rheumatic Fever**
☐ **Rheumatic Fever**	☐ **Scoliosis**	☐ **Seizure Disorder**	☐ **Skin Conditions**
☐ **Speech Problems**	☐ **Strep Throat**	☐ **Tonsillitis**	☐ **Tuberculosis**
☐ **Vision Problems**	☐ **Other:** ____________________		

Please explain any of the above you have checked including dates: ______________________________

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Is your child under the care of a physician for a current health problem: ☐ **Yes** ☐ **No**

If yes, please explain: ____

____

Allergies (Please include Symptoms): ____

____

Insect/Bee Allergy (Please include Reaction): ______________________________________

____

Medications (Please state Name, Dose, Time, Frequency, and Route): ______________________

____

Surgery (Please state Date & Procedure): ____

____

Other Illnesses or Serious Injuries: ____

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Physical Limitations: ____

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Is there anything concerning your child's health that would require special care at school: ☐ **Yes** ☐ **No**

If yes, please specify: ____

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Parent/Guardian Signature: ____ **Date:** ____________

By signing this form, I acknowledge the responsibility of providing the school with accurate and updated information and I give my permission to release medical information to appropriate school personnel.