

STUDENT EMERGENCY CONTACT and HEALTH INFORMATION

ID # _____

To be filled out by **Parent or Guardian** and returned to the **School Nurse** School Year _____

Name _____ Birth Date _____ Homeroom _____ Grade _____ Age _____

Address _____ Home Phone _____

Father/Guardian _____ Where Employed _____ Wk. Ph _____
(circle one)

Mother/Guardian _____ Where Employed _____ Wk. Ph _____
(circle one)

Mother/Guardian Cell Ph _____ Father/Guardian Cell Ph _____
(circle one) (circle one)

- Please Check:**
- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| Student lives with: <input type="checkbox"/> Mother and Stepfather | <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Father and Stepmother | <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Host Parent |

If applicable: **Guardianship/Legal Custody** Please provide the school with legal documentation.

Family Doctor _____ Phone _____

Please list illnesses, injuries, and health problems in the past year. _____

Please list any condition concerning your child that may affect his welfare in school. Example: allergies, diabetes, seizures, asthma, ADD/ADHD, heart, bone, vision or hearing conditions. _____

Is your child taking medication on a regular basis at home? Yes _____ No _____ If so, list the medication and dosage _____

Every effort is made to contact a student's parent/guardian if a serious situation arises. Occasionally, the parent/guardian is not readily available. Please list name and phone number of a person that the school may contact.

Name _____

Relationship to Student _____

Home Ph _____ Wk.Ph _____ Cell Ph _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT; IN CASE OF INJURY OR ILLNESS, AND Parent/Guardian IS NOT AVAILABLE.

1. I give my permission for designated medical personnel to treat my child.
2. If child must be hospitalized, name hospital preference _____
3. In the event of an emergency, the information on this card may be given to emergency personnel.

Parent/Guardian Signature _____

- IMPORTANT:**
1. The School Nurse must have this information for student's health record, and for unexpected illness or injuries.
 2. **PLEASE ANSWER ALL QUESTIONS**
 3. If any changes in this information occur, including the phone numbers, kindly notify the nurse immediately.

Please return to the school nurse.