HEALTH & EMERGENCY CONTACT FORM 2022-2023

Please complete all requested information and return to school nurse

Student's Name _____ Grade _____
LAST FIRST M.I.

Address _____
STREET CITY ZIP CODE

Date of Birth _____ Home Phone _____

Mother's Name _____ Email _____

Place of employment _____ Work phone _____ Cell phone _____

Father's Name _____ Email _____

Place of employment _____ Work phone _____ Cell phone _____

Name of parent(s)/guardian with whom student resides _____

Persons who have agreed to care for and/or transport your child when parent or guardian cannot be reached.Name of siblings should be included if they will be providing transportation.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Are there any individuals restricted from picking up your child? YES ☐ NO ☐

Name _____ Relationship to child _____

Parent Signature _____

Doctor's name _____ Phone _____

Dentist's name _____ Phone _____

Does your child have: **Health insurance**? YES ☐ NO ☐ **Dental insurance**? YES ☐ NO ☐

Health Insurance Company _____ Policy Number _____

Is your child allergic to any **foods** or to **bee, hornet, or wasp stings**? _____

Type of reaction: Breathing problem? _____ Local reaction? _____ Other _____

If yes, please explain more about the reaction and what the prescribed treatment is. _____

_____

Does your child have any special medical concerns or is he/she under the care of a physician? _____

If yes, please explain: _____

Please list all medications that your child takes at home: _____

_____

No daily medications will be given until a written order is received by the school nurse from a licensed physician and a signed parental consent form is completed. To receive over-the-counter medications such as Tylenol, Advil, cough drops, etc., the Medications Order Form must be completed and signed. Students should not carry any type of medication, including Tylenol, Advil, cough drops, etc.

Does your child have any known handicaps, such as a hearing loss, eyeglasses required, etc.?

If yes, please explain: _____

Does your child need front seating due to impaired hearing or eyesight? YES ☐ NO ☐

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

Parent Signature _____ Date _____