

HEALTH AND EMERGENCY UPDATE FORM

Student's Last Name _____ First _____ Grade _____

Address _____ City _____ Zip _____

Home Phone _____ Male Female

Birth Date _____ Birth Place _____

Mother's Name _____ Father's Name _____

Place of Business _____ Place of Business _____

Hours & Work Phone _____ Hours & Work Phone _____

Cell Phone _____ Cell Phone _____

If Parent/Guardian not available, in case of emergency call: **Please list in order in which you would like contacted**

1. Name _____ Phone _____

Relation _____ Alt Phone _____

2. Name _____ Phone _____

Relation _____ Alt Phone _____

3. Name _____ Phone _____

Relation _____ Alt Phone _____

If Parents are separated or divorced, who has custody? _____

HEALTH HISTORY

Does your child have a MEDICAL CONDITION that may/will require supervision or restrict activity? If yes, please explain: _____

Please note if any of the following conditions pertain to your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Anemia or Bleeding Disorder | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Kidney Conditions |
| <input type="checkbox"/> Asthma / Reactive Airway | <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chronic Respiratory Problem |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Surgery/Injury/Fractures** |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing/Ear Conditions | <input type="checkbox"/> Migraines/headaches |

Allergies: Food Insect sting Nut Allergy Medication Other _____

Details: **Please list dates also _____

List any medication your child takes regularly _____

***Please keep in mind that a doctor's order for all medication taken in school, including over the counter medication, must be on file in the Health Office.*

Name of Doctor _____ Phone _____

I verify that the above information is true and correct. I will notify the school if any of the above information changes. I understand that this information may be shared with personnel involved with my child.

Parent/Guardian Signature _____ Date _____

Please return to the school nurse with your student's Registration materials.