HEALTH AND EMERGENCY UPDATE FORM

Grade_____

Student's Last Name_____ First_____

Address_____ City_____Zip _____

Home Phone # _____ □ Female □ Male □Nonbinary

Birth Date_____ Birth Place_____

Parent/Guardian _____ Parent/Guardian _____

Occupation_____ Occupation_____

Hours & Days of Work_____ Hours & Days of Work_____

Primary Phone #_____ Primary Phone #_____

Email_____ Email_____

If parents are separated or divorced, custody belongs to? _____

If Parent/Guardian is not available, in case of an emergency, call (Please list in order who you would like to be contacted):

1. Name_____ Phone_____

   Relation_____ Alt Phone_____

2. Name_____ Phone_____

   Relation_____ Alt Phone_____

3. Name_____ Phone_____

   Relation_____ Alt Phone_____

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:

□ Anemia or Bleeding Disorder	□ Pneumonia	□ Kidney Conditions
□ Asthma / Reactive Airway	□ Neurological Condition	□ Mononucleosis
□ Rheumatic Fever	□ Tuberculosis	□ Chronic Respiratory Problem
□ Seizure Disorder	□ Heart Condition	□Surgery/Injury/Fractures
□ Diabetes	□ Hearing/Ear Conditions	□ Migraines/headaches

□ Other _____

Allergies: □ Food □ Insect sting □ Nut Allergy □ Medication □ Other _____

Details:_____

_____

_____

List any medication your child takes regularly: _____

_____

***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 and 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