

HEALTH AND EMERGENCY INFORMATION CARD

★ *Please print and complete both sides of card* ★

Teacher _____

Child's Name _____ Grade _____ Birth date _____

Address _____ Home phone _____

Who does the child live with? Mother _____ Father _____ Other (Please list) _____

If there are custody issues, please list details. _____

Mother/guardian's full name _____ Place of employment _____

Home phone _____ Work phone _____ Cell phone _____

Father/guardian's full name _____ Place of employment _____

Home phone _____ Work phone _____ Cell phone _____

List two local adults (other than the student's parents) who will assume immediate care of your child or pick your child up at school in the event of illness or emergency.

Name _____ Relationship _____ Phone #'s _____

Name _____ Relationship _____ Phone #'s _____

★ *Remember to notify the school of any changes in address, phone number, medication, custody etc.* ★

HEALTH UPDATE

Circle all current health conditions that have been diagnosed for your child:

Asthma ADHD Diabetes Depression Heart disease Seizure disorder Scoliosis

Other (list) _____

List all medications and dosages that this child takes on a regular basis or as needed.

Allergies (Be specific) Food _____ Medication _____

Environmental _____ Bees/hornets/wasps _____

What type of reaction has your child had to this allergy? _____

How is the allergy treated? Epipen Benadryl Other _____

Please send the doctor's order and the medication to school as soon as possible for any medication that may be needed during the school day.

List any serious illnesses, injuries, or surgeries since last school year.

Vision problems _____ Uses eyeglasses _____ Contacts _____ All the time _____ Reading _____ Distance _____

Has color blindness _____ Other problems _____

Hearing problems _____ Left ear _____ Right ear _____ Uses hearing aids _____ Other _____

Child's doctor _____ Phone _____

Child's dentist _____ Phone _____

Does your child have health insurance? Yes ___ No ___ Insurance company name _____ ID# _____

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

If unable to reach the parent/guardian in the event of an injury or illness requiring emergency medical care, the child will be taken to the nearest medical facility.

Signature of parent/guardian _____ Date _____