

HEALTH EMERGENCY INFORMATION 2022-23

Student Name _____ **School** _____ **Grade** _____ **Home Phone** _____

Address _____ **Birth date** _____

City _____ **State** _____ **Zip Code** _____

Please list any MEDICAL PROBLEMs, Current MEDICATION taken, & ALLERGIES of any kind:

Parent/Guardian # 1 Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone _____ **Cell** _____

Parent/Guardian # 2 Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone _____ **Cell** _____

In case of an illness or injury, school personnel are legally responsible for first aid only. It is the school policy to notify parents when home care or immediate medical care is indicated.

Physical exams are required for grades K, 1, 3, 5, 7, 9 and 11. Plus all new entrants. Updates are welcome anytime.

Doctor's Name _____ **Phone** _____

Dentist's Name _____ **Phone** _____

If you are not reachable please provide EMERGENCY CONTACT INFORMATION. These contacts should be local and willing to pick up your child. Please remember to keep all numbers current.

Name of Friend – Relative _____ **Phone** _____

Name of Friend – Relative _____ **Phone** _____

This information may be shared with appropriate staff.

Parent or Guardian Signature _____