



Teacher/Grade _____

STUDENT HEALTH AND EMERGENCY INFORMATION FORM SCHOOL YEAR 2016-2017

Please complete the following information and return to school health office as soon as possible. Contact the school nurse if assistance is needed to complete form.

Student's Name _____ **Date of Birth** _____
Last First Middle

Home Address _____
Number Street Name APT # City/Town

Home Phone _____ **Gender** _____ **Primary Language** _____

Mother/Guardian Name _____ **Relationship** _____

Phone Number _____
Home Cell Work

Father/Guardian Name _____ **Relationship** _____

Phone Number _____
Home Cell Work

Family Members that attend St. Joseph

Name Grade

Please indicate two emergency contact names (other than parents) of friend/relative/neighbor who will assume responsibility and provide transportation for your child in case of illness/injury/emergency evacuation:

Contact #1 Name _____ **Relationship** _____

Phone Number _____
Home Cell Work

Contact #2 Name _____ **Relationship** _____

Phone Number _____
Home Cell Work

Child's Physician Name _____ **Address** _____

Phone Number _____ **Insurance Policy/Number** _____

Child's Dentist Name _____ **Address** _____

Phone Number _____ **Insurance Policy/Number** _____



Child Name/Grade _____

Please List Any Medications Your Child Takes At Home (Name, Dosage, Frequency)

Known Allergies (Please Be Specific: Type of allergy, type of reaction, Requires Medication/Epi Pen)

Any known allergies that require a Epi Pen **MUST** have a physician's order and Allergy Action Plan

To better serve your child's medical/physical/emotional/educational/social needs, please check the following that pertain to your child:

Heart Condition _____ Diabetes _____ Asthma/Inhaler _____ Seizure Disorder _____
ADD/ADHD _____ Migraines _____ Depression _____
Other (Specify) _____

Does your child have hearing problems? Yes ___ No ___ Left ear ___ Right ear ___ Hearing Aids ___

Does your child have vision problems? Yes ___ No ___ Eyeglasses ___ Contact Lens ___

I understand that this information is confidential. However, federal law permits information in the school health records to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency. In other circumstances, my consent will be required. I give permission for the exchange of information between my child's healthcare provider and the school nurse.

Parents Signature

_____ Date _____

Student Health and Emergency Information Form Rev. 09/06/2016