

EMERGENCY & ILLNESS INFORMATION

PERSONAL DATA

SS# _____

Student's Name _____ Grade _____ Date of Birth _____ Today's Date _____

Father's Name _____ Mother's Name _____

Home Address _____ Phone Number _____

PLACE OF EMPLOYMENT:

Father _____ Working Hours _____ Business Phone _____

Mother _____ Working Hours _____ Business Phone _____

NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE. *(THIS MUST BE COMPLETED.)*

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? YES NO

IS CHILD CURRENTLY TAKING MEDICATION?
IF SO, SPECIFY BELOW.

IF YES, PLEASE INDICATE:

- | | | | | |
|---|---|--|------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Internal Irregularities | <input type="checkbox"/> Deafness | _____ |
| <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Other Allergy <i>(List):</i> _____ | <input type="checkbox"/> Convulsive Seizures | <input type="checkbox"/> Surgical | <input type="checkbox"/> Physical Handicap <i>(Describe):</i> _____ |
| <input type="checkbox"/> Arthritis | _____ | <input type="checkbox"/> Sight Impairment | <input type="checkbox"/> Fractures | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mild <input type="checkbox"/> Severe | <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Heart | <input type="checkbox"/> Other _____ |

PLEASE FILL OUT REVERSE SIDE

PHYSICIAN / DENTIST INFORMATION

Family Doctor _____ Office Phone _____

Address _____

Family Dentist _____ Office Phone _____

Address _____

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgement in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

SPECIAL NOTE: Please notify school officials immediately as to changes or modifications to any/all information stated.