

Emergency & Health Card

Student name:

Last _____ First _____ Birth date _____

Grade _____

Who to Call First: _____ **Phone:** _____ **H C W**

Parent/guardian _____ Phone _____ H C W E-mail _____

Parent/guardian _____ Phone _____ H C W E-mail _____

Emergency contacts (someone who could be reached during the day, not named above)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Siblings at school: _____

Health information:

Health Care Clinic: _____ Primary Provider: _____ Phone: _____

Dental Care Clinic: _____ Primary Provider: _____ Phone: _____

Check all that apply to the student: use back of form if needed for additional information

Diagnosis/health concerns: _____

No Know Health Concerns ADHD/ADD Asthma Autism Diabetes Hearing loss

Frequent ear infections Vision concerns Wears glasses Anxiety Depression Bowel concerns

Bladder concerns Seizures –type: _____

Allergies: No Known Allergies Yes list all (medication / food / environmental) _____

Epi-Pen: No Yes

Reaction: _____

All students with food allergies must complete additional food allergy paperwork.

Medications: No Yes List all medications taken at home: _____

Medications Required at School (also do permission form): _____

All medications, over-the counter and prescription, that will be taken during the school day must be kept in health office and signed consent form on file. New consent forms are required each year. Forms are available in the school health office or on-line.

Parent/guardian signature: _____ Date: _____