

# EMERGENCY & ILLNESS INFORMATION

ALL INFORMATION IS STRICTLY CONFIDENTIAL

## PERSONAL DATA

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Father's Name \_\_\_\_\_ (cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ (cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Student Cell Phone# \_\_\_\_\_ Student E-mail Address \_\_\_\_\_

### PLACE OF EMPLOYMENT:

Father \_\_\_\_\_ Working Hrs. \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother \_\_\_\_\_ Working Hrs. \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

## HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS?  YES  NO

IF YES, PLEASE INDICATE:

Asthma  Bee Sting Allergy  Internal Irregularities  Deafness

Physical Handicap (Describe): \_\_\_\_\_  Kidney/Bladder  Other Allergy (List): \_\_\_\_\_

Convulsive Seizures  Surgical  Arthritis  Sight Impairment  Fractures  Diabetes:  Mild  Severe

Wears Glasses/Contacts  Heart  Other \_\_\_\_\_

Does your child take any medications with possible side effects we should be aware of? \_\_\_\_\_

Does your child use an Epi Pen? \_\_\_\_\_

## PHYSICIAN/DENTIST INFORMATION

Family Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

### Health Insurance data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group#: \_\_\_\_\_ Contract#: \_\_\_\_\_

## 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 judgment in calling the physician indicated about, 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.

Any other information we need to know? \_\_\_\_\_

\_\_\_\_\_