

Student Health and Emergency Form

(Please print)

Student Name: _____
Last First

Birth date: ____/____/____/ Grade: 9 10 11 12
Address: _____ City: _____
Home phone: _____

Mother/Guardian: _____
Cell Phone: _____ Work phone: _____
Father/Guardian: _____
Cell Phone: _____ Work phone: _____

Health History

Has your student experienced any of the following? **Please describe.**

Allergies _____
Allergy to Bee or Peanut _____
Prescribed treatment for severe allergic reaction _____
Asthma _____ Diabetes _____
Previous concussion _____ Headaches _____
Seizures _____ ADD|ADHD _____
Heart problems _____ Stomach\Intestine _____
Fainting _____ Other _____

Medications: _____

Date of Tetanus vaccine: _____

Physician Name: _____
Physician Phone: _____
Health Insurance Carrier: _____

Emergency contact if parent unavailable

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

May Tylenol (generic substitutions allowed) be given by the nurse? Yes No

- If your student requires any other medications (prescription or over-the-counter) an Authorization for Administration of Medication form (download from the website) must be completed by both the physician and the parent. Medication must be in the original pharmacy container. Follow instructions on the form.

In the event I cannot be reached, I authorize emergency medical treatment for and transportation of my student.

Parent Signature _____ Date _____
Not valid unless signed and dated