

EMERGENCY & ILLNESS INFORMATION (IMPORTANT! RETURN FIRST WEEK OF SCHOOL)

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

Parent's Name _____

Home Address _____ Phone _____

Father's Employer _____ Working Hours _____ Business Phone _____

Mother's Employer _____ Working Hours _____ Business Phone _____

Person to contact if parents are not available. (List someone locally. **This must be filled out.**)

Name _____ Address _____ Phone _____

Does your child have any unusual health conditions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please indicate:	
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart	<input type="checkbox"/> Fractures	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sight impairment	<input type="checkbox"/> Internal Irregularities	<input type="checkbox"/> Deafness	<input type="checkbox"/> Surgical	
<input type="checkbox"/> Kidney/Bladder	<input type="checkbox"/> Convulsive seizures	<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Other Allergy _____		
<input type="checkbox"/> Physical Handicap (describe) _____					
<input type="checkbox"/> Other _____					

Family Doctor _____ Office Phone _____

Family Dentist _____ Office Phone _____

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 authorizes the release of medical records pertinent to such an emergency room visit, as the School District may request for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Special Note: At anytime where the above information is changed, these changes must be submitted to the principal or authorized school personnel in writing.

Parent's Signature _____ Date _____