

2018-2019 HEALTH AND EMERGENCY UPDATE

Date of Birth _____ Grade/Home Room _____
 Student Name _____ Bus # _____
 Parent/Guardian Name _____
 Current Health Concerns and/or Limitations _____

SIGNIFICANT ILLNESSES

Diabetes/Diagnosis Date _____ Significant Allergies _____
 Seizures _____ Date of last seizure _____
 Hypoglycemia/ Treatment _____
 Asthma medication _____ Asthma Triggers _____
 Major Illness (Specify) _____
 Other Health related information: Physical and/or emotional _____

Current Physician _____ Telephone Number _____
 Current Dentist _____ Telephone Number _____
 Glasses _____ Contact lenses _____

Does the student take any medication on a routine daily basis? _____ If so, what are the names of the medications and the times they are given _____

We stress the IMPORTANCE of giving the school several options to reach you in case of an emergency. If the phone is disconnected, phone number changed, or job changes PLEASE NOTIFY THE SCHOOL IMMEDIATELY!

Parent's email address _____
 Home phone number _____ Cell phone number _____
 Father's name, work phone number and place of employment _____

 Mother's name, work phone number and place of employment _____

 Relative's Name, home/work phone numbers and place of employment _____

 Neighbor/Friend's name, home/work phone numbers and place of employment _____

IN CASE OF EMERGENCY OR SERIOUS ILLNESS, I GIVE THE SCHOOL PERMISSION TO OBTAIN MEDICAL CARE FOR MY CHILD.

Signature of Parent/Guardian _____ Date _____

Dear Parent/Guardian – this is notification the District may provide your student's vision and hearing screening and personally identifiable information to a Third Party Billing Agent for the purpose of billing Medicaid if you have provided written consent. You may withdraw consent at any time.