

# School Health Information Card

Imm. Complete \_\_\_\_\_ Imm. Exp Date \_\_\_\_\_  
EED \_\_\_\_\_ EED Need- \_\_\_\_\_ eye \_\_\_\_\_ ear \_\_\_\_\_ dental \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Student \_\_\_\_\_, \_\_\_\_\_ M F D/O/B \_\_\_\_\_  
(Last Name) (First Name) (Circle one)

Address \_\_\_\_\_

## Health History (Answer Yes or No)

Allergies: (specify) \_\_\_\_\_

Physical Handicaps \_\_\_\_\_ Diabetes \_\_\_\_\_

Asthma \_\_\_\_\_ Seizure Disorder \_\_\_\_\_

Sickle Cell Disease \_\_\_\_\_ Cancer \_\_\_\_\_

Other physical or mental health issues, which may be a concern at school \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require special seating in the classroom? Specify \_\_\_\_\_

Does your child have any condition that would limit physical education activities? List \_\_\_\_\_

Does your child take any prescribed medications routinely? List \_\_\_\_\_

Did your child receive any immunizations this past year? List type, date \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

## Emergency Contact Information

Father/Guardian \_\_\_\_\_ Phone (home) \_\_\_\_\_ Pager \_\_\_\_\_

Phone (work) \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone (home) \_\_\_\_\_ Pager \_\_\_\_\_

Phone(work) \_\_\_\_\_ Cell \_\_\_\_\_

If parents cannot be reached, list two nearby persons who will assume care of your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

School clinic personnel have my permission to contact my child's physician for further medical information. In case of serious illness/injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent/legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child, \_\_\_\_\_

(Child's Name)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_