

WHITE PINE COUNTY SCHOOL DISTRICT

STUDENT NAME	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	AKA
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⇒ ANY PROGRAMS THIS CHILD MAY QUALIFY FOR Speech Special Education Free/Reduced Lunch English Second Language 504

⇒ FAMILY DOCTOR _____ PHONE # _____

⇒ FAMILY DENTIST _____ PHONE # _____

⇒ INSURANCE COMPANY _____ Policy Holder _____ Policy number _____ AGENT _____

Student Health History			
Please check the boxes that apply for the student. If explanation (**) is needed please do so in the space provided below.			
Allergy - Bee Sting*		Cystic Fibrosis	Migraines
Allergy - Food**		Diabetes	Muscular Dystrophy
Allergy - Medication**		Eating Disorder	Osgood-Schlatter
Allergy - Pollen/Dust/Hay fever		Endocrine Disorder	Activity Limitations (Requires Doctor's Note)
Allergy - Unknown Cause		Epilepsy/Seizures	
Anemia		Growth Disorder**	Rheumatic Fever
Arthritis (Rheumatoid)		Hearing Loss (Which Ear _____)	Scoliosis
Asthma - Mild		Hearing Aid Used	Sickle cell Anemia
Asthma*		Heart Disease/Defect	Speech Problem
Birth Defect (chromosome disorder)		Hemophilia	Tuberculosis
Blood Disorder		Hyperactive	Ulcer
Blood/Blood Products Not Given		Kidney Disorder	Vision (Glasses/Contacts)
Cancer/Leukemia		On Medication**	Visually Handicapped
Cerebral Palsy		Medication Needed at School (Requires Doctor's Order)	Other**
Color Blindness			No Known Health Problems
*REQUIRES MEDICATION			
**EXPLANATIONS or Other helpful Information			

Parent/Guardian Signature _____			DATE _____

TO PARENT/GUARDIAN:

School authorities will attempt to notify you in the case of illness or injury of the student which, in their judgment, requires medical attention. In case of medical emergency, I authorize the school to seek medical attention for my child if, in the judgment of the school authorities, medical treatment is necessary.

YES NO SIGNATURE _____ DATE _____

Please list three local persons (other than yourself) usually available during the school day who have agreed to care for and pick up (provide transportation) for your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first. This section also gives permission to release your student from school premises to the listed individuals.

Name	Phone	Relationship to student	
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