

# Student Health Information 2021-2022

First Name:	Middle:	Last Name:
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**Student's Address:**

Gender:	Grade Entering:	Birthdate:	Age:
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Parent/Guardian Information	
Guardian #1 Name (we will call first):	Guardian #2 Name:
Guardian #1 Relationship:	Guardian #2 Relationship:
Guardian #1 Primary Phone #:	Guardian #2 Primary Phone #:
Guardian #1 Work Phone #:	Guardian #2 Work Phone #:
Guardian #1 Employer:	Guardian #2 Employer:
Guardian #1 Email:	Guardian #2 Email:
Address if different from student:	Address if different from student:

**Student Resides with (specific living arrangements):**

**Are there any custodial arrangements/court orders pertaining to this child?    yes    no    (If yes, please submit)**

EMERGENCY CONTACTS/AUTHORIZED TO PICK UP STUDENT (after parent/guardian has been attempted to be contacted)	
#1 Name:	Telephone:
Relationship to student:	
#2 Name:	Telephone:
Relationship to student:	
#3 Name:	Telephone:
Relationship to student:	

Names of other children in the household	Age/School they attend

(Continued) STUDENT NAME: \_\_\_\_\_

Please list significant Health History, Conditions, Diagnoses or Allergies

Please list any and ALL medications that the student takes at home and the reason for taking them

Please initial any/all OTC meds that you give permission for the nurse to administer:			
Acetaminophen (Tylenol)		Topical Antihistamine (Calagel)	
Ibuprofen (Advil/Motrin)		Oral analgesia (Oragel)	
Antihistamine (Benadryl)		Potassium Iodide (In case of radiation exposure)	
Calcium Carbonate (TUMS)		Saline eye wash	

I hereby give consent for emergency transportation and treatment in the event of illness or injury to the nearest medical facility. I understand that the District will make every effort to reach me, but in the event that emergency treatment is necessary, I give the District's nurses, teachers or administrators the right to transport and authorize medical treatment for my child on my behalf. I hereby accept responsibility for the payment of any emergency transportation or treatment my child requires. I further certify that the information on this form is correct and has been/will be updated as necessary. I understand that any sunscreen that my child uses during school is the parent/guardian's responsibility to provide, it MUST be lotion and not aerosol and I understand that it is not the school personnel's responsibility to apply it to my child. I authorize the nurse to administer the above-mentioned OTC medications and I authorize the sharing of pertinent health information in cases of "legitimate educational interest".

Parent/Guardian signature:	Printed name:	Date:
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Any additional information/Notes:
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