



Emergency Health Form

MEDICAL CONSIDERATIONS

* indicates required fields

Child's Name *

First*

Middle

Last*

Ethnicity *

Gender *

Birthdate *

mm/dd/yyyy

Age *

Weight *

Primary Household Information

Primary Mailing Address *

Address 1*

Address 2

City*

State / Province*

Zip / Postal Code*

County of Residence *

Is your Physical Address separate from you Mailing Address? *

Yes No

First Parent/Guardian

Please complete all sections below with parent/guardian information in order of contact preference.

Name *

Title

First*

Middle

Last*

Suffix

Preferred Name

Relationship to Applicant *

Primary Phone (xxx-xxx-xxxx) *

Type

Number*

Additional Phone (xxx-xxx-xxxx)

Type

Number

Primary Email *

Employment Information

Employment Status *

Second Parent/Guardian

Is there a second parent/legal guardian in this household? *

- Yes No

Secondary Household Information

Does the applicant have a second household? *

- Yes No

Medical Information

Does the student have asthma? *

- Yes No

Does the student have hyperglycemia? *

- Yes No

Does the student have hypoglycemia? *

- Yes No

Does the student have any allergies or medical conditions? *

- Yes No

Doctor Name *

Doctor Phone (xxx-xxx-xxxx) *

Dentist Name *

Dentist Phone (xxx-xxx-xxxx) *

Emergency Hospital Choice

If a choice is given at the time of transport, I want my child to be taken to:

Please select *

I give my permission for the school health professional to contact the above physicians if necessary.

I agree *

Yes No

Emergency Contacts (do not include parents/guardians)

Contact 1

Name *

Title

First*

Last*

Suffix

Relationship to Student *

Phone (xxx-xxx-xxxx) *

Type

Number*

Would you like to list an additional emergency contact?

Yes No

Authorized Persons for Pick Up

Persons other than parents who may pick up child from school at dismissal:

Name: *

Title

First*

Last*

Relationship *

Phone *

Type

Number*

Name *

Title

First*

Last*

Relationship *

Phone *

Type

Number*

Parents are always the first contact in an emergency. However, in the case of a serious emergency a child will be treated and transported to the hospital by emergency personnel. I give my full consent for the hospital personnel to treat my child if I am unavailable to be there upon arrival

Parent/Guardian Signature *

Your Full Name*

Email Address*

I agree to the terms and conditions specified herein