Updated: Oct. 2017 2018/2019

CONFIDENTIAL HEALTH/EMERGENCY INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, guardian or designated emergency contact.

STUDENT INFORMATION

Last: First: Middle:	Date of Birth:	Gender ☐ M ☐ F	Grade

CURRENT HEALTH CONCERNS

Please check the following health concerns that may impact the student's educational day. This information may be shared with SJRCS staff as appropriate.

☐ **The student does not have any medical concerns.**

☐ ADD/ADHD
☐ allergies **(choose all that apply)**
- ☐ foods _____
- ☐ bee sting/insect bite_____
- ☐ medicines_____
- ☐pesticides/chemicals_____
- ☐ Other_____

☐ asthma: Has the student experienced an asthma episode in the past 12 months? ☐ Yes ☐ No
☐ blood disorder _____
☐ cancer
☐ diabetes
☐ hearing problems ☐ hearing aids
☐heart problems_____
☐ mental health diagnosis_____
☐ physical disability_____
☐ seizures
☐ vision problems_____
- ☐ glasses ☐ contacts
- ☐ other_____

☐ ***This information is a change in health condition from the last school year***

MEDICATIONS

List all medications and dosages your child receives on a routine basis

☐ **Medications are not required at school.**

If the student requires over-the-counter or prescription medications or treatments at school, the health care provider and parent must complete and submit the appropriate authorization form(s).

Medications: _____

_____

I hereby give authorization and consent to the school, in the event that I cannot be contacted, to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with SJRCS staff and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.

Parent/Guardian name (please print):_____ Primary Contact Phone #_____

Signature of Parent/Guardian:_____**Date**_____

Alternate Emergency Contact (*other than parent*) : Name:_____
Phone #_____ Relationship to student_____

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