



STUDENT HEALTH FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

Student's National Health Insurance Plan (NHIP) Number: _____

Dear Parent(s),

In order for us to assist your son or daughter in a MEDICAL EMERGENCY, this questionnaire must be completed and returned to the school before the first day of school. It is imperative the school's faculty and staff is aware of your child/children's physical condition.

In case my child becomes ill or injured at school/school activity and parents cannot be reached, please call one of the following contacts: (IT IS IMPERATIVE THAT WE HAVE TWO [2] EMERGENCY NUMBERS.)

1. Name _____ Phone _____
2. Name _____ Phone _____

Are there any medical circumstances concerning your child that the school should be aware of? _____

CONDITION	YES	NO	MEDICATION	COMMENT
Allergies				
Asthmatic				
Diabetic/Hypoglycemia				
Epilepsy/Seizure Disorder				
Hearing Defects/Aids				
Heart Problems				
Hypertension				
Vision: Glasses/Contacts				
Other				

*If a life threatening condition exists, please attach a doctor's note to this form.

Does your child need medication at home? _____ At school? _____

Medications in school: Medications can be dispensed in school only when absolutely necessary for the well being of the student. All medications, both prescription and non-prescription, require an order from the doctor and the parent requesting that the medication be given during the school day. Prescription and non-prescription medication must be supplied in the original labeled container.

In an emergency, the school will take the necessary steps to assure your child's safety, which could mean contacting an available doctor and/or admitting the child to a hospital.

Student's physician: _____ Clinic: _____ Phone number: _____

Your signature authorizes the school to contact the doctor/clinic listed above and/or to provide emergency vehicle transportation to the hospital in the event that you cannot be reached in an immediate emergency. The parent(s)/guardian(s) are responsible for all expenses.

Parent/Guardian Signature: _____ Date: _____