

EMERGENCY AND HEALTH INFORMATION FORM 2023-24

Student's Name:

First

Middle

Last

M F

Date of Birth

Guardian(s) Applicant resides with (please circle):	Parent .	Parent
Address		
Home Phone		
E-Mail		
Cell Phone		
Work Phone		
Occupation/Employer		

People to notify in case of emergency (if you cannot be reached) and/or have permission to pick up your child:

Name	Relationship	Permission to pick up in emergency? (Yes/No)	10 digit phone number(s)

Who does not have permission to pick up your child?

Name	Reason:
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Date of child's last physical exam: 11/04/2021	Child's health care provider:	10 digit phone number
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Health Care Provider's Address:

Special health problems? Yes or No? If yes, specify. No	Allergies , Yes or No? If yes, specify. No	Is it okay for your child to eat food prepared by another family, taking in to account individual allergies? (i.e. birthday treats, international food, celebrations). Yes or not?
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Regular medications? Yes or No? If yes, specify.	Other Important Information/Any assistive device (glasses, hear aids)
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Child's Dentist	Dentist Address	Dentist #
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Child's Medical Insurance Company	Policy number	Policy Holder Name
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