

# S.F.D.R.C.I.S.D. HEALTH SERVICES 2021-2022

## HEALTH & EMERGENCY INFORMATION

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ TEACHER/GRADE: \_\_\_\_\_

DEAR PARENTS:

THE FACULTY OF YOUR CHILD'S SCHOOL IS DEDICATED TO PROVIDING THE BEST CARE POSSIBLE FOR YOUR CHILD WHILE HE/SHE IS AT SCHOOL. YOU CAN HELP US DO THIS BY PROVIDING THE FOLLOWING INFORMATION FOR EMERGENCY MEDICAL CARE SHOULD YOUR CHILD BECOME ILL OR BE INJURED WHILE AT SCHOOL.

HOW MAY WE CONTACT YOU DURING SCHOOL HOURS?

FATHER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

IF WE ARE UNABLE TO REACH YOU, WHOM MAY WE CONTACT TO TAKE RESPONSIBILITY OF YOUR CHILD?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

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### PLEASE COMPLETE THE FOLLOWING HEALTH INFORMATION

**DOES YOUR CHILD HAVE OR EVER HAD ANY OF THE FOLLOWING CONDITIONS?**

CONDITION	YR	CONDITION	YR	CONDITION	YR
HEART PROBLEMS		LIVER DISEASE		SEVERE ALLERGY REQUIRING AN EPI PEN	
ASTHMA		HEARING LOSS		OTHER HEALTH PROBLEMS	
ARTHRITIS		DIABETES			
KIDNEY/ URINE PROBLEMS		SEIZURES			

**IF YOU CHECKED A CONDITION ABOVE PLEASE VISIT WITH THE SCHOOL NURSE TO PROVIDE FURTHER DOCUMENTATION:**

\_\_\_\_\_

YOUR CHILD'S DOCTOR/HEALTH CARE PROVIDER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES AT HOME ON A REGULAR OR ON AN AS NEEDED BASIS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**IF YOUR CHILD HAS ANY SPECIAL PRECAUTIONS, RESTRICTIONS/LIMITATIONS PLEASE VISIT WITH THE SCHOOL NURSE AND PROVIDE UPDATED MEDICAL DOCUMENTATION.**

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THE INFORMATION ABOVE IS CONSIDERED CONFIDENTIAL AND WILL BE KEPT IN YOUR CHILD'S HEALTH RECORD IN THE SCHOOL NURSE'S OFFICE. SCHOOL PERSONNEL WILL BE INFORMED ON A "**NEED TO KNOW**" BASIS FOR THE CARE AND WELL BEING OF YOUR CHILD. IF THERE ARE ANY CHANGES TO THE ABOVE INFORMATION DURING THE SCHOOL YEAR, PLEASE CONTACT THE SCHOOL NURSE. CURRENT INFORMATION IS IMPORTANT TO ASSURE PROMPT CARE OF YOUR CHILD.

IN THE EVENT SCHOOL OFFICIALS ARE UNABLE TO CONTACT ME (THE PARENT/LEGAL GUARDIAN) OR PERSONS LISTED ABOVE AS EMERGENCY CONTACTS, THE SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE ACTION, WHICH IN THEIR JUDGEMENT IS DEEMED NECESSARY FOR THE HEALTH OF MY CHILD. I WILL NOT HOLD THE SCHOOL DISTRICT OR PERSONNEL RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF MY CHILD.

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SIGNATURE: PARENT/LEGAL GUARDIAN (PLEASE PRINT NAME) DATE TELE. #