S.F.D.R.C.I.S.D. HEALTH SERVICES 2022-2023
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. #