

# Student Health Information

Legal Name of Student \_\_\_\_\_  
Last
First
Middle
Suffix

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student ID \_\_\_\_\_  
Month
Day
Year

At the direction of the principal, or on her own cognizance, the school's nurse will communicate with parents to obtain information in order to provide necessary school health assistance for the child while in the school situation.

Please complete Student Parent Address form, Student Guardian Address form, and Emergency Contact Address form as necessary to update current information.

1. Child's doctor/clinic? \_\_\_\_\_  
Name
Telephone

2. Child's dentist/clinic? \_\_\_\_\_  
Name
Telephone

3. Is the pupil under medication or treatment on a continuing basis? \_\_\_\_\_  
Yes
No

4. If question 3 is yes, please specify medicine or treatment \_\_\_\_\_  
 \_\_\_\_\_

5. Please list any ALLERGIES (medicine, food, insect bites or other) that your child may have \_\_\_\_\_  
 \_\_\_\_\_

6. Has your child received any immunizations in the past year? \_\_\_\_\_  
Yes
No

7. Did student purchase school insurance? \_\_\_\_\_  
Yes
No

8. If question 7 is yes, please specify which type: \_\_\_\_\_  
Regular
24 Hour
Athletic

9. Is the student covered under a parent or guardian health insurance plan? \_\_\_\_\_  
Yes
No

\_\_\_\_\_ Company \_\_\_\_\_ Policy Number  
 10. Is the student covered under a parent or guardian military benefit? \_\_\_\_\_  
Yes
No

\_\_\_\_\_ Parent or Student's Military ID Number

**Parent Information:**

I understand that it is my responsibility to keep school authorities informed regarding who to contact in the event of my child becoming ill or injured at school. I understand that if I (parent or legal Guardian) cannot be reached in an acute emergency, my child will be taken to the emergency room of the nearest hospital.

Parent/Guardian Signature \_\_\_\_\_  
Month
Day
Year