

EMERGENCY AND HEALTH INFORMATION FORM 2022-23

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: |
|------|---------|

| | | |
|---|-------------------------------|-----------------------|
| Date of child's last physical exam: 11/04/2021 | Child's health care provider: | 10 digit phone number |
|---|-------------------------------|-----------------------|

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) |
|--|---|

| | | |
|-----------------|-----------------|-----------|
| Child's Dentist | Dentist Address | Dentist # |
|-----------------|-----------------|-----------|

| | | |
|-----------------------------------|---------------|--------------------|
| Child's Medical Insurance Company | Policy number | Policy Holder Name |
|-----------------------------------|---------------|--------------------|