

SCHOOL HEALTH CLINIC INFORMATION CARD

School year 20 ___ to 20 ___

School: _____ Grade: _____ Teacher/Homeroom: _____

Name: _____ Sex M F DOB: _____

Address: _____ Phone : _____ (H) _____ (C) _____ (W)

**** Do we have permission to do a Hearing/Vision Screen on your child Yes No ****

HEALTH HISTORY (Answer Yes or No and explain)

Allergies (Specify Reaction) _____ Diabetes _____

Asthma _____ Physical Disabilities _____

ADHD/ADD _____ Sickle Cell _____

Cancer _____ Seizure Disorder _____

Other physical or mental health issues _____

___ Does your child require special seating in the classroom? Specify _____

___ Does your child have any condition that would limit physical education activities? List: _____

___ Does your child take any prescription medication routinely? List: _____

___ Does your child take any non-prescription medications? List: _____

___ Did your child receive any immunizations this past year? List type/date: _____

___ Date of last tetanus shot: _____

List name(s) of school-age siblings:

1. _____ Grade/School: _____

2. _____ Grade/School: _____

3. _____ Grade/School: _____

Emergency Contact Information

Father/Guardian _____ Phone (H) _____ (C) _____ (W) _____

Mother/Guardian _____ Phone (H) _____ (C) _____ (W) _____

If parents cannot be reached, list two nearby person who will assume care of your child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Healthcare Provider _____ Phone _____

I give permission to give my child medicine for fever or headache, like Tylenol or Advil (or generic equivalent) according to label instructions after contacting me (parent/guardian) by phone Yes ___ No _____

I give permission to contact my child's healthcare provider for further medical information Yes ___ No _____

I also understand that in the event of an emergency and I can not be reached that the school will have my child transported to the hospital via the EMS/911 service to the appropriate treatment

Parent Signature: _____ Date: _____

