EMERGENCY/HEALTH FORM

EMERGENCY / HEALTH FORM - WILMOT UNION HIGH SCHOOL **RETURN AT REGISTRATION***

STUDENT INFORMATION:

Last Name	First Name	Middle Name	Birth Date	Grad Year

Address	Mailing Address (if different)	Home Phone
		«Primary_Phone»

PARENT INFORMATION (Custodial Parent):

Parent/Guardian #1	Relationship	Phone (Work/Cell)	Phone (Work/Cell)
Parent/Guardian #2	Relationship	Phone (Work/Cell)	Phone (Work/Cell)
Email Address :			

PARENT INFORMATION (Non-custodial Parent):

Parent/Guardian #1	Relationship	Phone (Home/Work/Cell)	Phone (Work/Cell)
Parent/Guardian #2	Relationship	Phone (Home/Work/Cell)	Phone (Work/Cell)
Address			Receive mailings? Y/N
Email Address:			

HEALTH CARE PROVIDERS:

Physician	Phone	Dentist	Phone

ADDITIONAL EMERGENCY CONTACTS:

Name	Relationship	Phone #1	Phone #2
Name	Relationship	Phone #1	Phone #2

CURRENT HEALTH CONDITIONS ON FILE AT SCHOOL:

I give my permission for the school nurse or designee to provide care for my child in the event or illness or injury under the guidelines of school policies. If my child becomes ill at school and you cannot reach me by phone, the principal / designee has my permission to contact one of the emergency contacts I have provided. You have my permission to contact the student's physician for consult if needed. If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the nearest hospital. (All expenses charged by the hospital/rescue squad are the responsibility of the parent/guardian.) I understand that in order to accommodate the health needs of my child, this information, and other health conditions that may arise, will be shared as needed with all Wilmot Union High School staff with which my child will have contact.

Signature of Parent/Guardian: ____ Date: ___/___/___

Please complete the other side of this form

COMPLETE BOTH SIDES OF THIS FORM

STUDENT'S NAME: **GRAD YEAR:**

Confidential Health Information: If your child's doctor has told you that your child has any of the problems noted below, place an "X" in the box and answer the accompanying questions.

☐ **I have reviewed the information on the front of this form and have NO ADDITIONAL information to report.**

☐ **I have reviewed the information on the front of this form AND HAVE THE FOLLOWING ADDITIONAL information to report.**

- ☐ **My child has no known health problems.**
- ☐ **MY CHILD'S HEALTH CONDITION IS POTENTIALLY LIFE THREATENING**
- ☐ My child has **the following health conditions:**
  - ☐ **Allergies** – Types
    - ☐ Foods (list) ____
    - ☐ Bees / Wasps / Other Insects
    - ☐ Medications (list) ____
    - ☐ Other (list) ____
  - Describe Allergic Reactions: ____
  - Treatment: ____
  - ☐ **Asthma** or other **breathing problems**, list triggers and treatment ____
  - ☐ **Attention Deficit Disorder** with or without hyperactivity, list medications ____
  - ☐ **Birth Defects,** list & explain ____
  - ☐ **Blood Disorder** other than HIV/AIDS (i.e. Sickle Cell) ____
  - ☐ **Cancer**, type ____
  - ☐ **Diabetes**, list types of insulin, dose & times taken ____
  - ☐ **Emotional/Psychological Problems**, describe & list medications ____
  - ☐ **Heart Condition**, describe & list medications ____
  - ☐ **Nerve Disorders**, other than seizure/epilepsy, describe ____
  - ☐ **Organ Transplant**, list organ & list medications ____
  - ☐ **Seizure Disorder**, describe type & list medications ____
  - ☐ **Swallowing, Stomach** or **Intestinal Disorder** ____
  - ☐ **Vision, Hearing** or **Speech** problem ____
    - ☐ **Glasses** ☐ **Contacts** ☐ **Hearing Aids**
  - ☐ **Other**, describe ____

☐ **Additional Information:** ____