

**EMERGENCY/HEALTH INFORMATION SHCOOL YEAR: 2024-2025**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ **Male** **Female**

Grade: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Or Guardian's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Local Emergency Contacts (Other Than Parents or Guardian)**

<u>Name and Relationship to Student</u>	<u>Home Phone</u>	<u>Other Phones</u>
1. _____	_____	_____
2. _____	_____	_____

**\*PLEASE NOTE:** Any person listed as a contact may be called unless we are otherwise instructed.

Student's Physician and Phone Number: Dr. _____	Student's Dentist and Phone Number: Dr. _____
Insurance Company _____ Medical Assistance _____ CHIP _____ None Other _____	When did your child last see the doctor and dentist? Date(s) seen: Doctor _____ Dentist _____

The Silver Academy may exchange medical and dental information with your child's physician and dentist and may share health information with other professionals as needed in support of the education process.

In the event of a serious emergency (which may require evaluation of your child at a hospital) 911 may be called and your child may need to be transported to the hospital by ambulance. This service is **NOT** paid for by the school.

**HEALTH HISTORY UPDATE**

List any serious illness, operation, injury, broken bones or newly diagnosed condition such as asthma, diabetes, etc.

\_\_\_\_\_

List any SPECIAL HEALTH PROBLEM or PHYSICAL LIMITATION that the school needs to be aware of:

\_\_\_\_\_

List any SEVERE ALLERGY (bee sting, medication, food, other):

\_\_\_\_\_

List all medication(s) and dosage(s) your child is taking:

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_