

EMERGENCY/HEALTH INFORMATION

Student Name: _____ Birth Date: __/__/____ Male Female
Last First

School Year 2019/2020 Grade _____

Home Address _____ Home Phone _____

Mother's Name _____ Cell _____ Work _____

Father's Name _____ Cell _____ Work _____

Or Guardian's Name _____ Cell _____ Work _____

Emergency Contacts (Other Than Parents or Guardian)

Table with 3 columns: Name and Relationship to Student, Home Phone, Other Phones. Rows 1 and 2.

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

Table with 2 columns: Student's Physician and Phone Number, Student's Dentist and Phone Number. Includes insurance company and medical assistance options.

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 _____