



STUDENT HEALTH AND EMERGENCY INFORMATION FORM

Child's Name _____ Date of Birth _____ Grade _____

Address _____ Telephone Number _____

Male _____ Female _____ Primary Language _____

Is someone in your family presently serving in the Military? _____ Relationship? _____

Name / Age of Siblings _____

Mother /Guardian _____ Address _____ (If different from above)

Phone Number _____ Work Phone _____ Cell Phone _____

Email Address _____

Father/Guardian _____ Address _____ (If different from above)

Phone Number _____ Work Phone _____ Cell Phone _____

Email Address _____

Name of others who will be responsible for your child:

Name _____ Relationship _____ (Home) _____ (Cell) _____

Name _____ Relationship _____ (Home) _____ (Cell) _____

Physicians Name _____ Phone _____

Dentist Name _____ Phone _____ Dental Insurance _____

*Health Insurance Name and Policy number _____

*My child does not have Health Insurance _____

**If your child does not have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care. (Restrictions may apply) Please contact the school nurse for more information about these programs. All communication will remain confidential.

Please list any medical conditions your child has _____

Please list all medications your child takes _____

*****In case of emergency, the school will attempt to contact a parent/guardian before calling 911. Your child will be transported to an emergency care facility if needed.

I give permission to the school nurse to share information relevant to my child's health condition with the appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Parent/Guardian Signature _____

Date _____