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SEAFORD SCHOOL DISTRICT

EMERGENCY HEALTH FORM

School Year ____________

Teachers (HR) ____________

Name ____________ Grade ______ Date of Birth ___/___/___ Sex ______

Address ____________ Home Phone ____________

Student lives with ____________ Parent/Guardian email address ____________

Mother / Female Guardian ____________ Cell ____________

Place of Employment for above ____________ Work Phone ____________

Father / Male Guardian ____________ Cell ____________

Place of Employment for above ____________ Work Phone ____________

Please provide us with the names of neighbors, friends, or relatives who may pick up the student at school if the parent/guardian is unable to be reached. ***Please note that those listed below may not pick up your student unless called by the school in an emergency situation or unless presenting a written note from the parent/guardian.***

Name ____________ Phone ____________ Cell ____________

Name ____________ Phone ____________ Cell ____________

Name ____________ Phone ____________ Cell ____________

In the event that none of the above listed are able to be reached during an emergency, students may be transported to the nearest emergency facility. Most likely, Nanticoke Memorial.

Present Doctor ____________ Phone ____________

Present Dentist ____________ Phone ____________

Present Eye Doctor ____________ Phone ____________

Hospital Preference ____________

Insurance Information: Health/Accident Ins. Co. ____ School Policy ____ Blue Cross ____ Medicaid ____ Other ____

Name of "Other" Insurance ____________ Policy # ____________

I give the nurse my permission to give my child non-prescription medications (Tylenol, Ibuprofen, throat lozenges, antacids, etc.)

◯ YES ◯ NO

(Non-prescription medications will be administered according to package directions unless parents have made other arrangements with the school nurse.)

➔ **PARENT/GUARDIAN SIGNATURE** ____________

Please answer all questions below. *Check those that apply:*

Asthma____ Diabetes____ Headaches____ Epilepsy/Seizures____ Heart Murmur____ Heart Disease____
Kidney Problems____ Bleeding Problems____ Premature Birth____ Orthopedic (bone) Problems____ Other____
Explain any problems checked above____________

List any **ALLERGIES** *(medicine, food, insect bites)* and describe reactions ____________

Wears: Glasses____ Contacts____ Date of last eye visit______ Hearing Problems: Aid needed____ Explain______
Does the student take medication regularly for any illness? ____________
List medications to be given at school ____________
(Prescription containers are needed for the school nurse to give these medications)
Any other health problems we need to know about? Please explain ____________
Date of last Physical Exam ____________ Doctor's Name ____________ Phone ____________
Has student had any of the following since last school year: Dental problems (braces)________ Surgery ________
Emotional upsets____________ Illness____________ Other____________