

KENT SCHOOL HEALTH INFORMATION

STUDENT NAME: _____

BIRTHDATE: _____ AGE: _____ GRADE: _____

HOME MAILING ADDRESS: _____

HOME PHONE: _____

MOTHER/GUARDIAN'S NAME: _____

FATHER/GUARDIAN'S NAME: _____

MOTHER'S WORK# _____ FATHER'S WORK# _____

CELL #: _____ CELL#: _____

IF UNABLE TO REACH PARENT(S):

#1 EMERGENCY CONTACT: _____

RELATIONSHIP: _____ HOME #: _____ WORK #: _____

#2 EMERGENCY CONTACT: _____

RELATIONSHIP: _____ HOME #: _____ WORK #: _____

HEALTH CARE / INSURANCE INFORMATION:

FAMILY PHYSICIAN: _____ DENTIST: _____

PHONE #: _____ PHONE #: _____

PRIVATE INSURANCE: _____ POL #: _____

LAST MEDICAL EXAM: _____ BY DR.: _____

LAST DENTAL EXAM: _____ BY DR.: _____

CIRCLE THOSE WHICH APPLY TO YOUR CHILD

Asthma/Breathing Problems Diabetes Epilepsy/Seizures
Ear Infections/Tubes In Ears Hearing Problems Stomachaches
Vision Problems Headaches Speech Problems Nosebleeds
Bone/Joint/Muscle Problems Heart Disease Skin Problems
Blood Disorders/Sickle Cell High Fevers Birth Defects
Attention/Hyperactivity Disorder Other: _____

Handicaps: _____

Has your child had chicken pox? _____

List any operations, injuries, hospitalizations and dates/reasons:

Allergies: Drug _____ Food _____

Environmental Bee/insect: _____

Explain Reaction: _____

Does your child require emergency medication? _____

Name of Medicine _____

Does your child take medications including inhalers prescribed by a physician every day? Yes No

If yes, what medication? _____ Reason _____

Physical Education: Does your child have a condition that currently or periodically restricts his/her physical activity? Yes No

Other: Does your child wear glasses? Yes No Contacts? Yes No

Does your child wear hearing aides? Yes No

All medications must be brought to school by the parents and given to Mrs. Nickerson. **This should include proper labeling, physician's order sheet and parent's signature.** Children cannot transport medication on the bus (prescription or non prescription).

We will use the following procedure if your child becomes sick or injured at school:

- Call home. If there is no answer, we will call your place of employment.
- If we cannot reach you at work, we will call the emergency numbers listed and your physician, if need be.
- If necessary your child will be transported to a medical facility by the most appropriate means.

If I cannot be reached and the school authorities have followed the procedure described, I hereby consent to any treatment deemed necessary by the attending physician.

Parent/Guardian: _____ Date _____