

Rock Port R-2 Health Form

Date _____ Grade _____ Date of Birth _____

In the event your child gets sick or injured in any way at school and needs your attention, a doctor's care, or emergency; the school needs the following information:

Student Name _____

Home Address _____

Home Telephone _____

Mother's Name _____ Mother's Cell _____

Mother's Place of Employment _____ Work Number _____

Father's Name _____ Father's Cell _____

Father's Place of Employment _____ Work Number _____

If you cannot be reached, list two persons who will assume temporary care of your child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Family Doctor Name/ Location _____ Phone Number _____

Family Dentist/ Location _____ Phone Number _____

Check if student has or had any of the following:

Allergies ____ Please List: _____ Allergic Reaction: _____

Asthma ____ Hearing Problems ____ Tubes in Ears ____ Diabetes ____ Vision Problems ____

Glasses/Contacts ____ Seizures ____ Blood Pressure Problems ____ Heart Problems ____

Scoliosis ____ Chickenpox ____ Chickenpox Vaccine ____ Headaches ____

Daily Medications _____ Please List: _____

Please list any other (active) pertinent medical diagnoses: _____

May Tylenol be dispensed to your child if, upon examination by the nurse, it is indicated? Yes No

May the school nurse give your child medication sent from home? Yes No

Grades 4-8: Scoliosis screening will be done routinely, unless the school nurse is contacted.

In the event my child needs immediate emergency care, I consent to allow school personnel to take my child to the doctor/hospital if I or the contact people listed above cannot be reached. I will not hold the school district financially responsible for the emergency care and/or transportation for my child. The nurse may share information with child's teacher.

I GIVE MY CONSENT _____

I authorize any physician or health care provider to release medical information to the Rock Port R-2 School Nurse upon representation of this release or a copy thereof.

I GIVE MY CONSENT _____