

Student Health and Emergency Information Form



Student's Name	Date
Date of Birth	Grade
Address	Zip Code

Parent/Guardian Information

Name #1 _____	Email _____
Address _____	Town/Zip Code _____
Phone (home/cell) _____	Phone (work) _____
Name #2 _____	Email _____
Address _____	Town/Zip Code _____
Phone (home/cell) _____	Phone (work) _____

Emergency Contact Information

Name _____	Relationship _____
Address _____	Town/Zip Code _____
Phone (home/cell) _____	Phone (work) _____

Student Healthcare Information

Physician Name _____	Dentist Name _____
Practice Name _____	Practice Name _____
Town/Zip Code _____	Town/Zip Code _____
Insurance Provider _____	Policy # _____

Please check the following that pertain to your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Asthma |
| Reaction: _____ | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Seizure Disorder |
| <input type="checkbox"/> Orthopedic Condition: _____ | <input type="checkbox"/> Migraines | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Heart Condition: _____ | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Vision/Hearing Problems |

Other/Explain: _____
 Medications: _____

By signing below, I give permission to exchange information with my child's healthcare provider.
 I understand that I can limit/revoke consent at any time.

*Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

Shawsheen Valley Technical High School has specific orders provided by the School Physician, Dr. Chu Chen. These include acetaminophen (Tylenol), Benadryl, cough drops, triple antibiotic topical ointment, first aid cream, calamine lotion, and saline eye drops.

By signing below, I give permission for _____ to receive the above medications in the nurses office if necessary.

*Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

Student's healthcare information is confidential.
 However, information will be shared on a "need to know" basis with appropriate personnel in the event there is a threat to the health and safety of the student.