

STUDENT HEALTH REGISTRATION INFORMATION 2008-09 (Grades 9-12)

PLEASE PRINT

Legal Last Name _____ First _____ Nickname _____ Grade _____

Building _____ Age _____ Sex _____ Birthdate ____/____/____

Parents/Guardians (include first/last names) _____ Home Phone _____

Address _____ City _____ Former school/preschool _____

Other children - buildings/grades? _____

Hospital Preference _____ Health Insurance Company Name _____

Doctor _____ Doctor's Phone # _____

Circle yes/no any health concerns you think school personnel should know about, and treatment used:

	Health Concerns	Treatment		Where are supplies kept?
yes / no	< Allergies *(please explain)	Epipen	>	yes / no
yes / no	< Asthma	Inhaler	>	yes / no
yes / no	< Diabetes	Please Notify Nurse	>	yes / no
yes / no	< Heart Problems *	Activity Restrictions	>	yes / no
yes / no	< ADHD/ADD (circle one)	Medication @ School	>	yes / no
yes / no	< Seizures *	Precaution @ School	>	yes / no
yes / no	< Vision Problems	Contacts/Glasses	>	yes / no
yes / no	< Hearing Problems	Hearing Aid/Special Seating	>	yes / no
yes / no	< Scoliosis	Treated by Doctor	>	yes / no
yes / no	< Chicken Pox	Chicken Pox Vaccine	>	yes / no

* **Explanation/Other Health Concerns:** _____

CURRENT MEDICATION/DOSAGE	TIMES GIVEN @ HOME	TIMES GIVEN @ SCHOOL

CONTACTS: Number (1, 2, 3, 4) the persons **in the order** in which they are to be called in the event of an illness or emergency. **PLEASE BE SURE THE NAMES YOU LIST ARE ABLE TO PICK UP AND ASSUME TEMPORARY CARE OF YOUR CHILD IN CASE YOU CAN NOT BE REACHED.**

_____ Mother's Name _____ Work Place _____ Phone _____ Cell Phone _____

_____ Father's Name _____ Work Place _____ Phone _____ Cell Phone _____

_____ Name _____ Relationship _____ Phone _____

Work Phone _____ Cell/Other Phone _____

_____ Name _____ Relationship _____ Phone _____

Work Phone _____ Cell/Other Phone _____

PARENT PERMISSION FOR TYLENOL (Acetaminophen) YES _____ NO _____

PARENT PERMISSION FOR TUMS (High School Students Only) YES _____ NO _____

Please check here for information about free or low-cost medical, dental, and vision coverage for children through Healthy & Well Kids in Iowa (HAWK-I) Yes _____ No _____

Has student lived outside of the USA within the past year? Yes _____ No _____ If so how long? _____

I have carefully reviewed the above health information and emergency numbers and verify the information is current.

Signature of Parent/Guardian _____ Date _____

