

## STUDENT HEALTH REGISTRATION INFORMATION 2008-09 (Grades K-8)

**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 \_\_\_\_\_**

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 \_\_\_\_\_

