

EMERGENCY CONTACT INFORMATION – 20_____

Student _____ Grade _____ Homeroom _____ Locker no _____
Last Name First Name

Home Address _____ Phone No _____

School _____ Birth Date _____

Father _____
Name Employer's Name, Address and Telephone No.

Mother _____

The transportation of a sick child from the school to the home or to a medical facility is basically the parent's responsibility.

Please list below names and telephone numbers to be called in an emergency if the parent or guardian cannot be reached.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

Physician to be called:

Name _____ Telephone _____

Address _____ Hospital _____

Parent or Guardian _____ Date _____

ANNUAL HEALTH SURVEY

Has your child during the past school year had any serious illness, communicable disease, injury or operation? (Specify with dates) _____

Has your child received any immunizations or tests during the past school year? (Specify with dates)

Does your child have any allergies? (Specify) _____

Does your child take any medication on a regular basis (excluding Vitamins)? (Specify) _____

Has there been any change in your family possibly affecting your child (arrival of new baby, chronic disease or death of close relative)? (Specify) _____

Is there anything concerning your child's health, eyes or ears which we should know in order to provide special care?) Specify). _____

Does your child wear contact lenses? _____