STUDENT HEALTH AND EMERGENCY INFORMATION FORM FILL OUT IN BLACK OR BLUE PEN ONLY

Address No. Street Town Zip code Home Phone	Student name			Grade
No. Street Town Zip code Home Phone	Last First Middle (full middle name)			
No. Street Town Zip code Home Phone	Address			
Language(s) spoken at home				
health insurance? Circle Yes/No Name of Insurance Company	Home Phone	Gender	Date of Birth	
If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care restrictions may apply). Please cortact the school nurse for more information about these programs. All communication is confidential. Please circle one number that can be reached at all times. Parent 1/Guardian Name (printed) Home Address Home Phone	Language(s) spoken at home	Place	e of Birth	Does child have
restrictions may apply). Please contact the school nurse for more information about these programs. All communication is confidential. Please circle one number that can be reached at all times. Parent 1/Guardian Name (printed) Home Address Home Phone	health insurance? Circle Yes/No Name	of Insurance Company		
Home Phone	(restrictions may apply). Please contact the	school nurse for more information ab		
Home Phone	Parent 1/Guardian Name (printe	d)		
Cell PhoneEmail	Home Address			
Parent 2/Guardian Name (printed) Home Address Home Phone	Home Phone	Work Phone		
Parent 2/Guardian Name (printed) Home Address Home Phone Work Phone	Cell Phone	Email		
Home Phone Work Phone Co Phone Email	Signature			
Home Phone Work Phone Co Phone Email	Parant 2 /Cuardian Nama (prints	.a)		
Home Phone	-			
PhoneEmail	Home Address			
IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED, PLEASE LIST NAME AND PHONE NUMBER OF RELATIVE OR FRIEND WE MAY CONTACT. EMERGENCY NAME	Home Phone	Work Phone		Cell
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PLEASE LIST NAME AND PHONE NUMBER OF RELATIVE OR FRIEND WE MAY CONTACT. EMERGENCY NAME	Signature			
Physician's Name			•	
Physician's Name	EMERGENCY NAME		Relationship	
Dentist's Name	Home Phone	Work Phone	Cell Phone	
Please check all that apply to your child: Heart condition Diabetes Asthma Seizure DisorderADD/ADHDMigrainesDepression Medications/Other Allergies (food, insects, medication, environment (specify) Does your child have an EpiPen? Yes No Hearing Problems (specify) right earleft ear Vision Problems (specify) no I give permission for the school nurse to administer Acetaminophen/Ibuprofen to my child yes no I give permission for the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share information relevant to my child's health condition with appropriate school personnel when needed to meet means to share the school personnel when needed to meet means to share the school personnel when needed to meet means the school personnel whe			Phone	
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Allergies (food, insects, medication, environment (specify) Does your child have an EpiPen? Yes No Hearing Problems (specify) right ear left ear Vision Problems (specify) no I give permission for the school nurse to administer Acetaminophen/Ibuprofen to my child yes no I give permission eschool nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet m			· ADD/ADHD Migraii	nes Depression
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child's health and safety needs. I give permission to exchange information with my child's physician/counselor for the purpose of referra	I give my permission for the school nu the school nurse to share information re child's health and safety needs. I give per	rse to administer Acetaminophen/ levant to my child's health conditio mission to exchange information w	n with appropriate school perso	nnel when needed to meet my
Parent/Guardian signature			1	Date

ease initial:	yes	no			