

7/24/18

**Emergency and Health History Form
Jackson Hole Community School**

**Emergency and health history must be filled out by parents/guardians of minors.
Update required annually.**

Name _____ Birth date _____ Age _____
Last First Middle

Student Cell Phone # _____

Social Security # _____ Gender: Male Female

Living with: Both Parents _____ Mom _____ Dad _____ Mom & Step-father _____
Dad & Step-mother _____ Other _____ Please specify _____

Father _____ / _____
Last First Cell Phone Work Phone

Mother _____ / _____
Last First Cell Phone Work Phone

Home Phone Number _____

Mailing Address _____
PO Box Number/Street # City State Zip Code

Home Address _____
Street Number City State Zip Code

Email Address _____ / _____
Father Mother

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip Code

Insurance Information

Is the student covered by family medical/hospital insurance? Yes No

If so, indicate carrier of plan name _____ Group # _____

▶ *Photocopy of front and back of health insurance card must be attached to this form.*

If you are *new* to JHCS *PLEASE PROVIDE PROOF OF CURRENT IMMUNIZATIONS******

Health History

ALLERGIES-List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire day/week at school. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- I give permission for JHCS staff to dispense the following if needed throughout the academic year: Tylenol _____ Advil _____
- This person takes **NO** medications on a routine basis.
- This person takes medications as follows:
Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

RESTRICTIONS

Description of any limitation or restriction on school activities:

Name of family physician _____ Phone _____

DRIVING RELEASE

Throughout the school year, there will be a series of activities (community service projects, field trips, etc.) where students must leave campus in order to participate. We at the school recognize that driving is a serious responsibility. Please fill out the information below so that we know how to transport your child to and from these outings.

(Please check the appropriate box)

- ____ Drive other students **OR** ride as a passenger in a car driven by another student to field trip locations
- ____ **ONLY** ride with a JHCS faculty in school vehicle to field trip locations

AUTHORIZATION OF PROMOTIONAL MATERIALS:

I permit the Jackson Hole Community School (JHCS) to use my son or daughter's first name, last name, and quotes from my son or daughter for advertising and publicity on the JHCS website and JHCS social media sites.

____yes ____no

Important! - Please read information below and sign for attendance.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all school activities except as noted. In the case of serious accident or injury, all attempts will be made to reach the named parent or guardian. I hereby give permission to the school and its staff to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering

x-rays or routine tests. School officials are also authorized to take whatever action is necessary in their judgment for the health of my child. I agree to the release of any records necessary for insurance purposes. I give permission to JHCS to arrange necessary related transportation for my child. I also assume the financial responsibility for all medical treatment. This completed form may be photocopied for trips off campus.

Signature of parent/guardian

Printed Name _____ Date _____