

SEAFORD SCHOOL DISTRICT
EMERGENCY HEALTH FORM
School Year 2017-2018

Teachers (HR) _____

Name _____ Grade _____ Date of Birth ____/____/____ Sex _____

Address _____ Home Phone _____

Student lives with _____ Relationship to Student _____

Mother / Female Guardian _____ Cell _____

Place of Employment for above _____ Work Phone _____

Father / Male Guardian _____ Cell _____

Place of Employment for above _____ Work Phone _____

*Please provide us with the names of neighbors, friends, or relatives who may pick up the student at school if the parent/guardian is unable to be reached. Please note that those listed below may **not** pick up your student unless called by the school in an emergency situation or unless presenting a written note from the parent/guardian.*

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

In the event that none of the above listed are able to be reached during an emergency, students may be transported to the nearest emergency facility. Most likely, Nanticoke Memorial.

Present Doctor _____ Phone _____

Present Dentist _____ Phone _____

Present Eye Doctor _____ Phone _____

Hospital Preference _____

Insurance Information: Health/Accident Ins. Co. ____ School Policy ____ Blue Cross ____ Medicaid ____ Other ____

Name of "Other" Insurance _____ Policy # _____

I give the nurse my permission to give my child non-prescription medications (Tylenol, Ibuprofen, throat lozenges, antacids, etc.)

YES NO

(Non-prescription medications will be administered according to package directions unless parents have made other arrangements with the school nurse.)

→ PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please answer all questions below. Check those that apply:

Asthma ____ Diabetes ____ Headaches ____ Epilepsy/Seizures ____ Heart Murmur ____ Heart Disease ____

Kidney Problems ____ Bleeding Problems ____ Premature Birth ____ Orthopedic (bone) Problems ____ Other ____

Explain any problems checked above _____

List any **ALLERGIES** (medicine, food, insect bites) and describe reactions _____

Wears: Glasses ____ Contacts ____ Date of last eye visit _____ Hearing Problems: Aid needed ____ Explain _____

Does the student take medication regularly for any illness? _____

List medications to be given at school _____

(Prescription containers are needed for the school nurse to give these medications)

Any other health problems we need to know about? Please explain _____

Date of last Physical Exam _____ Doctor's Name _____ Phone _____

Has student had any of the following since last school year: Dental problems (braces) ____ Surgery ____

Emotional upsets ____ Illness ____ Other ____