

# FWC Health Services

## Health Information

Date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Home #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Home#: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_  
Email: \_\_\_\_\_

In case of an emergency and parents cannot be reached, who should be contacted?

Name: \_\_\_\_\_ Home#: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Phone#: \_\_\_\_\_

Allergic to (food, insects, medicine, etc.): \_\_\_\_\_ Type of reaction (rash, difficulty breathing, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medical diagnoses: \_\_\_\_\_

Past injuries/illnesses/hospitalizations/surgeries: \_\_\_\_\_

Medications:	Strength	Dose	Time given:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there anything else we need to know about your student? \_\_\_\_\_  
\_\_\_\_\_

I give permission for the school nurse to communicate with the above names physician and release information to the appropriate school personnel regarding my child's medical condition. I understand a copy of this form will be sent with EMS in an emergency.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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