



Pre-K - 5th Grade HEALTH FORM 2017/2018

One per student - please do not combine siblings

Childs Name _____ Sex _____ Grade _____ Date of Birth ___/___/___

Address _____ City _____ Zip _____

Mothers Name _____ Cell Phone _____

Fathers Name _____ Cell Phone _____

Guardian Name _____ Guardian Cell Phone _____

Emergency Contact (other than parent) _____ Phone _____

Physician _____ Phone _____

Hospital Preference _____ Ins. Provider _____

Policy # _____ Ins. Provider Phone _____

List any allergies that will help us minister to your child safely and effectively.

List any other special needs or concerns that will help us minister to your child safely and effectively.

In signing this form, I hereby certify that the above information is correct.

In case of medical emergency, I understand that every effort will be made to contact the parent/guardian and/or emergency contact. In the event that none of the above can be contacted, I hereby give permission for a certified health professional and/or physician to secure proper treatment for my son/daughter.

Parent/Guardian - Print Name _____ Date _____

Parent/Guardian - Signature _____ Date _____