K - 5th Grade HEALTH FORM

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.

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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_____