

Health Information

Student's Name _____

In case of an emergency contact:

1. Name and Relationship to Student _____

Phone #1 _____

Phone #2 _____

2. Name and Relationship to Student _____

Phone #1 _____

Phone #2 _____

Significant Health Problems _____

Known Allergies of my Child _____

Medical Conditions/Restriction of my Child _____

Dietary Restriction for my Child _____

If a supervisor deems it necessary my child may have:

Latex gloves _____

Band Aids _____

Does your child require handicap accessibility? _____

Health Insurance Company _____

Policy Holder _____ Policy # _____

Group # _____

Parent/Guardian Signature _____ Date _____