



Health Office Information Card

SY _____ / _____

Student Name _____ DOB _____ Grade _____

Current Address _____

_____ Zip _____

Lives with: Parent #1 Parent #2 Both Other: _____

If a medical emergency arises, we want to respond according to your wishes. Please provide the following information and **indicate the order** in which people should be contacted by placing the number next to the contact.

Parent #1 _____

Home Ph _____ Cell Ph _____

Parent #2 _____

Home Ph _____ Cell Ph _____

Please list two (2) contacts whom we may call or to whom we may release your child in an emergency.

Contact _____ Relationship _____

Home Ph _____ Cell Ph _____

Contact _____ Relationship _____

Home Ph _____ Cell Ph _____

Pediatrician _____

Office# _____ Ext _____ Fax# _____

Psychiatrist _____

Office# _____ Ext _____ Fax# _____

Dentist _____

Office# _____ Ext _____ Fax# _____

Please record any allergies to the following:

Allergy to:	Record Allergy:	Describe Reaction:	Describe Treatment:
Medication:			
Food:			
Other:			

Signature of Parent/Guardian

Date