**Emergency Information and Student Health History**

**Please fill in the following information:**

**Student’s Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Grade: \_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Name (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s Phone (Optional:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact #’s: Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Life Threatening Allergies:**  |  |  | **Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  **Other Allergies:**  |  |  | **Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  **Asthma:**  |  |  | **Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Diabetes:**  |  |  | **Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  **Seizures:**  |  |  | **Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Physical Restrictions:**  |  |  | **Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Emergency Care Plan**  |  |  | **Yes No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Names of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If taken at school, doctor’s verification will be needed.)**

**Severe Food Allergy Disclaimer**

**Summit Hill School District #161**

**Does your son or daughter have a severe, life threatening, food related allergy?**

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**If yes, please explain below:**

**Please be sure that all food allergy forms in accordance with Summit Hill School District #161 and Public Act 96-0349 have been filled out by yourself and your son or daughter’s doctor, and that a copy of those records are on file with his or her school nurse, athletic director, and his or her coach at Summit Hill Junior High or Hilda Walker Intermediate School.**

 \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent / Guardian Signature Date**