Sterling Community School Annual Health Questionnaire and Emergency Contact Information

Name of Child_				
DOB	(last)		(first) Home Phon	(m.i.) e
		01000		·
Address				
Father/Guardian Name				Work phone
				Cell phone
Mother/Guardiar	n Name			Work phone
				Cell phone
	(<u>Please in</u>	dicate order o	of contact for abo	<u>ve numbers</u>)
If parent can not	be reached:			
Emergency cont	act #1:			_Phone:
Emergency cont	act #2:			_Phone:
Name of doctor:				Phone:
Name of dentist:				Phone:
Hospital/clinic pr	eferred: (pleas	e circle) Day	/ Kimball	Backus
1. If your child h	as a medical co	ondition we sh	ould know about, p	blease list below.
2. Please list an	y illness, injury	or surgery you	ur child had during	the last year.
3. Does your chi	ld have any of	the following o	conditions? If yes,	please specify.
Allergies	No		Yes	
To a Medication	n: Name		Reac	tion
To a Food: Typ	e		Rea	ction

Environmental: type	Reaction			
EpiPen needed? Yes N	No Benadryl needed? Yes No			
Asthma Condition No	Yes			
Describe				
Treatment in the last 3 years _	No Yes			
4. List any medications your child take	es on an emergency basis:			
5. List any medications your child take	es on a regular basis:			
6. List any communicable diseases (C date:	Covid, etc.) your child had during the past year and give			
7. Is your child vaccinated for Covid?	If so, please provide a copy of the vaccination record. Yes			
8. List any physical limitations or restri	ictions for activity your child may have:			
9. Does your child have health insurar Insurance Company Name of insured member	Policy Number			

I, the undersigned, do hereby authorize officials at Sterling Community School to contact directly the person on this form and do authorize the named physicians and facility indicated on this form to render such treatment as may be deemed necessary in an emergency for the health of said child. The school district will not be held financially responsible for the emergency care and/or transportation for said child. I, the undersigned, do hereby authorize the sharing of this information with appropriate staff members for the direct care of my child.

Parent/Guardian's Signature		Date
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