Climax Springs R-IV Schools - STUDENT HEALTH INFORMATION CARD

Grade __________ M________ F_______
Age _______ Birth date: _______________

STUDENT NAME ____
(LAST) (FIRST)

PARENT/GUARDIAN ____
ADDRESS ______________________ CITY ____________________
Email ______________________ PHONE ____________________
ADDITIONAL PHONE #'s ______________________________________

Food Allergies:

Medication Allergies:

Other Allergies:

IN CASE OF ILLNESS OR INJURY AND PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL (IN ORDER OF CALL FIRST):

Name ______________________ Relationship ______________ Phone #: __________________
Name ______________________ Relationship ______________ Phone #: __________________

MEDICAL CONDITIONS/HISTORY ____

DAILY MEDICATIONS TAKEN AT HOME:

Does the School Nurse have permission to give your child:

TYLENOL(ACETAMINOPHEN) YES___ NO _______
IBUPROFEN __________ YES___ NO _______
BENADRYL __________ YES___ NO _______

Other OTC medications approved by physician's Standing Order, such as: Antibiotic cream, peroxide, ora-gel, after burn, anti-itch lotions, carmex, cough drops, saline solution, etc YES_____ NO _____

Name/Grade ______________ Name/Grade ______________
Name/Grade ______________ Name/Grade ______________

TYPE OF INSURANCE *(circle):* **MEDICAID ____PRIVATE_____NONE_____**

THE SCHOOL WILL SEEK EMERGENCY MEDICAL HELP *(INCLUDING AN AMBULANCE)* IF A PARENT CANNOT BE CONTACTED.
THE SCHOOL DOES NOT ASSUME RESPONSIBILITY FOR PAYMENT OF ANY MEDICAL SERVICES.

______________________________ ______________ ______________
(Signature of Parent or Guardian) **Date** **School Year**

Climax Springs R-IV, Elementary Student Information

School Year _____

Student Name ____
(LAST) (FIRST) (MIDDLE)

Grade ______________ Teacher __________________ Date of Birth: Mo__________ Day__________ Year__________

Parent /Guardian ____

Home Phone # ________________ Mother's Work # ________________ Father's Work # ________________

Mother's Cell # ________________ Father's Cell # ________________

Address: ____

City ______________________________ State ______________ Zip ______________

Bus Driver ______________________ Bus # ______________

IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name ______________________ Telephone # ______________________
Relationship to student ______________________ Cell # ______________________
Name ______________________ Telephone # ______________________
Relationship to student ______________________ Cell # ______________________