

Stewart County School

Complete front and back

This information will be shared on a need to know basis with staff, administration and emergency medical staff in the case of an emergency unless you notify us otherwise.

Grade: _____ Teacher _____ DOB _____

Student's Name _____ female _____ male _____

MEDICAL PROBLEMS (check all that apply/use an additional sheet to specify (if necessary)

Asthma _____ Sickle Cell _____ Seizures _____

Diabetes _____ Cancer _____ Seasonal Allergies _____

ADHD/ADD _____

MEDICAL PROBLEMS (check all that apply/use additional sheet to specify (if necessary) MEDICAID Yes No ADHD

Does your child take medication at home? Please explain

Will you take medication at school? please explain _____

Physical Handicaps/ Mental Health Issues (Explain):

List names of school age siblings: _____

Emergency Contact Information: (Parents will be contacted first, unless noted otherwise)

Mother/ Guardian _____ Father /Guardian _____

Home # _____ Home# _____

Work # _____ Work# _____

Cell# _____ Cell# _____

Emergency Contact:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

In case of an emergency, the school has my permission to transport my child to the nearest hospital via EMS for further treatment /evaluation. Stewart County School personnel have my permission to contact my child's physician for further medical information.

Child's Healthcare Provider _____ Phone# _____

Hospital Name _____