

**Sterling Community School**  
**Annual Health Questionnaire and Emergency Contact Information**

Name of Child \_\_\_\_\_

(last) (first) (m.i.)

DOB \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**(Please indicate order of contact for above numbers)**

If parent can not be reached:

Emergency contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/clinic preferred: (please circle) Day Kimball Backus

1. If your child has a medical condition we should know about, please list below.

\_\_\_\_\_  
\_\_\_\_\_

2. Please list any illness, injury or surgery your child had during the last year.

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any of the following conditions? If yes, please specify.

**Allergies** \_\_\_\_\_ No \_\_\_\_\_ Yes

To a Medication: Name \_\_\_\_\_ Reaction \_\_\_\_\_

To a Food: Type \_\_\_\_\_ Reaction \_\_\_\_\_

(continued on opposite side)

Environmental: type \_\_\_\_\_ Reaction \_\_\_\_\_

EpiPen needed? \_\_\_\_\_ Yes \_\_\_\_\_ No      Benadryl needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Asthma Condition** \_\_\_\_\_ No \_\_\_\_\_ Yes

Describe \_\_\_\_\_

Treatment in the last 3 years \_\_\_\_\_ No \_\_\_\_\_ Yes

4. List any medications your child takes on an emergency basis:

\_\_\_\_\_

5. List any medications your child takes on a regular basis:

\_\_\_\_\_

6. List any communicable diseases (Covid, etc.) your child had during the past year and give date:

\_\_\_\_\_

7. Is your child vaccinated for Covid? If so, please provide a copy of the vaccination record.

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

8. List any physical limitations or restrictions for activity your child may have:

\_\_\_\_\_

9. Does your child have health insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of insured member \_\_\_\_\_

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 \_\_\_\_\_