



STUDENT HEALTH HISTORY AND EMERGENCY INFORMATION UPDATE

Student Name _____ Home School _____

Address _____

Street City State Zip

Student Cell Phone _____ Student E-Mail Address _____

Grade _____ Age _____ Date of Birth _____

Mother/Parent/Guardian (1) Name _____ Address _____

Home Phone

Work Phone

Cell Phone

Father/Parent/Guardian (2) Name _____ Address _____

Home Phone

Work Phone

Cell Phone

Does Student Reside with you? Yes ___ No ___ Do you have Custody? Yes ___ No ___

I authorize the following individuals to pick up my child from school and to be contacted in the event of an emergency if a parent/guardian is not available:

Name Relationship to Student Phone

Name Relationship to Student Phone

Please check below any conditions affecting your child:

- Drug Allergy, Insect Allergy, Food Allergy, Environmental allergy, Has an Epi-pen, Asthma, Uses an Inhaler, ADD/ADHD, Autism, Bowel/Bladder Problem, Concussion, Diabetes, Headaches/Migraines, Hearing Problems, Heart Condition, Kidney Disease, Mental Health Condition, Eating disorder, anxiety, OCD, ODD, etc., Recent Injury/Surgery/Hospitalization, Scoliosis, Seizure Disorder, Vision Problems, Wears Glasses/Contacts, Other:

Please, list and explain any items checked above and any illnesses, injuries, or health problems the child is currently being treated for or has had in the past: _____

Name of Health Care Provider _____ Phone _____

Name of Dentist _____ Phone _____

Please, list the medications your child takes on a regular basis:

Table with 3 columns: Name of Medication, Dose and Frequency, Reason

In case I cannot be reached, I authorize Cayuga-Onondaga BOCES to render such treatment as may be necessary in an emergency for the health of my child. I give permission to the school official in charge to obtain the services of the nearest ambulance or rescue service, family physician or other physician if my own is not available, to provide immediate and necessary care.

Parent/Guardian Signature: _____ Printed Name _____ Date: _____