

Fort HealthCare
Student Health Emergency Information
(Information valid through August 1, 2022)

Child's Name Date of Birth / Age School / Grade (if applicable)

Parent/Guardian Name Phone Number

Email Address Home Address

Preferred Method of Communication: Text Call Email

Does your child currently receive speech/language services? Yes No

If so, where? (Ex: through a school district, private practice, etc.)

Please indicate area of concern: Speech articulation Language Social skills

Medical History: (check all those that apply):

- Asthma
Attention Deficit Disorder (ADD, ADHD)
Diabetes
Seizure/Epilepsy: Last Seizure
Mental Health (please specify):
Takes Prescription medication\*\*: List:
Other Health Conditions
Surgery in last 12 months: List:

Does your child have severe or life threatening allergies? Yes No

(If yes, please check the appropriate box(s) and list what it is and the treatment for it)

- Insect (Bee/Insect):
Food:
Medication:
Other:

\*When a Medication for an allergic reaction is required it is the responsibility of the parent to provide the medication (antihistamine or EPI-PEN) and the completed Administration of Medication form prior to administration of the medication.

Notice: Fort HealthCare does not provide student accident insurance. Such insurance is the responsibility of the parent/guardian and/or student, as well as all medical/dental costs due to accidental injury. I hereby authorize school district employees to call for emergency assistance, which could require a doctor, dentist, and/or ambulance. The information on this form may be shared with appropriate school staff.

Parent/Guardian Signature Date



**Participant Consent Form for Filming,  
Advertising and Other Marketing Related Uses**

I give my consent to use my photo in videotapes, film, photographs and recordings of me for broadcast, Internet, print publications, brochures, press releases, billboard, direct mail and other uses by Fort HealthCare.

In giving this consent, I release Fort HealthCare, their agents and assigns from any liability for any violation of any personal or property rights which I might have in connection with such materials, and waive any right to approve accompanying written or narrative material.

I represent that I am of full legal age, or if under the age of 18, I have my parent/guardian approval.

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Date:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(Parent/Guardian Sig. Required if under the age of 18)

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Participant Contact/Phone Number