

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