

# Paton-Churdan Community School

## Health/Emergency Information

Information contained in this form will be kept confidential and be used exclusively as part of your child's health record.

Parent's Name \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Last Name \_\_\_\_\_

Name of Children (in school) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

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Does your child/children have an illness/allergy, etc. that the school should be aware of?

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

If so, please list child's name and describe illness/allergy:

Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give the school permission to give my child Acetaminophen or Ibuprofen for headaches or minor injuries.

Yes \_\_\_\_\_

No \_\_\_\_\_

Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Private Company \_\_\_\_\_

Medicaid (Title 19) \_\_\_\_\_

In Case of an emergency, if you cannot be reached, who shall be called?

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Dr's Name \_\_\_\_\_ City \_\_\_\_\_

If it becomes necessary, take the child to the \_\_\_\_\_ at parent's expense.

Name of Hospital

Home Phone \_\_\_\_\_ Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

To comply with postal regulations please list your box number if you rent a box from the post office. Rural mail patrons, please list your 911 address.

Parent Signature \_\_\_\_\_