

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

Grade _____ Name of Children (in school) _____ Social Security Number _____ Birth Date _____

| Grade | Name of Children (in school) | Social Security Number | Birth Date |
|-------|------------------------------|------------------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 and Tums for indigestion.
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/Relationship _____ Phone _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Email Address _____

Student's Ph. _____

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 _____