Date	Grade	Teacher



UNION PUBLIC SCHOOLS STUDENT'S HEALTH & EMERGENCY INFORMATION FOR THE NURSE'S OFFICE

			□ M □ F DATE OF BIRTH_			
HOME ADDRESS:			APARTMENT COMPLEX:			
STUDENT RESIDES WITH: Mot	ther/Father Mother	Only Father Only Mother/St	tepfather Father/Step	omother Other:		
Mother/Guardian Name	Home #	Work #	Cell#	Employer		
Father/Guardian Name	Home #	Work #	Cell#	Employer		
ALLERGIES: YES NO	List:					
List any specific instr	ructions for allergic re	actions:				
s your child taking any medic	ations (at home or sch	nool)? □ YES □ NO				
1. Name of medication Dosage Taken						
For what reason	For what reason How long has child taken medication?					
2. Name of medication	on	Dosage Taken				
For what reason		How long has ch	How long has child taken medication?			
Health Insurance: Private 🗅	YES • NO Soon	er Care 🗖 YES 🗖 NO				
My child has: □ Asthma □ 1	Heart Disease □ Dia	betes □ Seizures	□ Other			
Does your child require	Glasses or Contacts	☐ Hearing Aids ☐ Other				
Joes your clina require.						
-	ditional health problem	ns:				
Please list any surgeries or add		ms:				
Please list any surgeries or add	anges during the past	year you would like to share w	rith us such as:			
Please list any surgeries or add	anges during the past	year you would like to share w	rith us such as:			
Please list any surgeries or add Have there been any family ch Separation, divorce o Death or serious illne	anges during the past r remarriage? ess?	year you would like to share w	rith us such as:			
Please list any surgeries or add Have there been any family ch Separation, divorce o Death or serious illne Or any other situation	anges during the past r remarriage? ess? n which may affect yo	year you would like to share we have you would like to share we have a second of the share we have a share we have a second of the share we have a second of	rith us such as:			
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Please list any surgeries or add Have there been any family che Separation, divorce of Death or serious illne Or any other situation If yes, please explains EMERGENCY CONTACTS (LOCATION CASE OF Illness or accident, the emergency contacts you list be	anges during the past r remarriage? ess? n which may affect yo AL NUMBERS ONLY): the nurse will try to not elow. Please notify the	year you would like to share ways year you would like to share ways year you would like to share ways year year year year year not year year year year year year year year	t. If we are unable to comed them as an emerg	contact a parent, we will call othe gency contact for the school.		