

## MEHLVILLE SCHOOL DISTRICT SCHOOL HEALTH INFORMATION FORM

THIS FORM IS TO BE COMPLETED YEARLY TO UPDATE EACH STUDENT'S HEALTH RECORD AND SO THAT HE OR SHE MAY PARTICIPATE IN PHYSICAL EDUCATION CLASSES. THIS INFORMATION WILL BE SHARED WITH STAFF ON A NEED-TO-KNOW BASIS.

School: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First)

Primary Parent/Guardian's (P1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Primary Parent Email Address \_\_\_\_\_ Parent Portal User: Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Parent/Guardian's Spouse (P2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**List two people who will assume responsibility for your child and who can provide transportation:**  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Day Care/Baby Sitter: \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone \_\_\_\_\_ Date of last exam \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone \_\_\_\_\_ Date of last exam \_\_\_\_\_

Insurance Provider: Private \_\_\_\_\_ MC+ \_\_\_\_\_ Medicaid \_\_\_\_\_

**Physical Education Limitations: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes provide written physician verification)**

Does your child have any health problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Is he/she under medical care? Yes \_\_\_\_\_ No \_\_\_\_\_

List history of medical care/condition (past/present) (List annually) \_\_\_\_\_  
\_\_\_\_\_

List any medications your child is presently taking: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any communicable disease and/or major illness since last September: \_\_\_\_\_

### EMERGENCY CARE PROCEDURE

In the event of a serious accident or illness, a parent or guardian is contacted immediately, if possible, and if necessary, the paramedics are also called to provide on-site emergency care. If the hospital physician who monitors the child's condition determines that the situation warrants immediate action, he/she will direct the paramedics to take the child to the most appropriate hospital for stabilization and care.

**Parents are responsible for any expenses incurred for care while at the emergency hospital, as well as for the ambulance transfer between hospitals.**

\_\_\_\_\_  
Date Parent/Guardian Signature Address

P.E. REVIEW