NEW FRONTIERS

Emergency Health Record

STUDENT INFORMATION

Student's Last Name: _____ Student's First Name: _____

Address: _____

_____

School: _____ Grade: _____

Student's Date of Birth: _____ (yyyy/mm/dd) Sex: ☐ Male ☐ Female Medicare #: _____ Expiration Date: _____ (yyyy/mm)

PARENT/GUARDIAN INFORMATION

Child lives with: _____

Mother

Last Name	First Name	Telephone - Home	Telephone - Work	Telephone - Other

Father

Last Name	First Name	Telephone - Home	Telephone - Work	Telephone - Other

Emergency Contact

Last Name	First Name	Telephone - Home	Telephone - Work	Telephone - Other

Guardian

Last Name	First Name	Telephone - Home	Telephone - Work	Telephone - Other

HEALTH INFORMATION

In order to ensure the security of your child, the school must be informed of any health problems that might require immediate intervention at school (severe allergy to food or insect bites, diabetes, etc)

Severe Food Allergy	☐ no ☐ yes	_____ specify	_____ medication taken at school
Severe Insect Allergy	☐ no ☐ yes	_____ specify	_____ medication taken at school
Asthma	☐ no ☐ yes	_____ specify	_____ medication taken at school
Diabetes	☐ no ☐ yes	_____ specify	_____ medication taken at school
Other	☐ no ☐ yes	_____ specify	_____ medication taken at school

Additional Health Information _____

PLEASE INFORM THE SCHOOL OF ANY CHANGES THAT MIGHT OCCUR DURING THE SCHOOL YEAR

Information contained on this sheet is confidential and will only be transmitted, if necessary, to the school nurse, school staff, and the transporter who may be required to assist your child in case of emergency.

With this signature, I authorize the school's authorities to transfer my child, named above, to a doctor's office, clinic, CLSC, or hospital for examination and appropriate care in case of emergency illness or injury occuring at school. I also authorize the CLSC nurse to communicate the above information to school staff and the transporter who may be required to assist my child in case of emergency.

_____ **Name of Parent/Guardian Block Letters**

_____ **Signature of Parent/Guardian**

_____ **Date**