

# HEALTH AND EMERGENCY INFORMATION

A. **STUDENT NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Living with (if other than parent(s)): \_\_\_\_\_ (M) (D) (Y)  
Grade Level \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital of Preference: ( ) CIMA ( ) Hospital Nacional de Niños ( ) Clínica Bíblica

## B. HEALTH INFORMATION

Allergy ( ) YES ( ) NO

Medicines / Food / Insects: \_\_\_\_\_

Life Threatening Allergies: \_\_\_\_\_

C. **MEDICAL HISTORY:** ( ) YES ( ) NO

- |                           |                                      |
|---------------------------|--------------------------------------|
| ( ) Asthma                | ( ) Thyroid                          |
| ( ) Migraines / Headaches | ( ) Cholitis or chronic stomach pain |
| ( ) Diabetes              | ( ) Behavior Disorder (ADD, ADHD)    |
| ( ) Heart problem         | ( ) High blood pressure              |
| ( ) Seizures              | ( ) Other medical problems           |

Comment (any items checked): \_\_\_\_\_

## D. MEDICATION

Medicine taken at home every day: \_\_\_\_\_

Medicine taken at school every day: \_\_\_\_\_

If your child experiences fever and/or pain while at school, please indicate if the school nurse is authorized to administer mild medication:

( ) YES ( ) NO If yes, check the type below:

- |                       |                         |                        |
|-----------------------|-------------------------|------------------------|
| ( ) Tylenol / Panadol | ( ) Ibuprofen / Dorival | ( ) PeptoBismol / Tums |
| ( ) Panadol Cold      | ( ) Otosedan Ear Drops  | ( ) Other: _____       |

E. **EMERGENCY CONTACTS:** Please provide us with the names of two persons whom we should contact in your absence:

### Contact 1

### Contact 2

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

\_\_\_\_\_

Relation: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cellular Phone: \_\_\_\_\_

\_\_\_\_\_