

Stephen - Argyle Central

Student Health & Emergency Care Form

Student Name:
Parent(s)/Guardian:
Address:
Phone # (include name of which parent/guardian and preference order to be called)

A parent/guardian will be called in case of illness or injury. If it is not possible to reach them, the emergency contact you list will be contacted. **If there is a medical emergency, 911 will be called.**

Name:
Phone: (Home) _____ (Cell) _____
Relationship to student:

Does this child have ANY health issues that may require any treatment during the school day?
_____ Yes _____ No

Does this child have ANY health issue that may require the attention of teachers, school nurse, or office staff? _____ Yes _____ No

If **YES** to either of the above, please explain:

List **ANY** medications your child will be taking at school:

** Please note that additional form(s) will be needed, that may include your physician's signature **

This information will only be shared with staff members on a need-to-know basis to help ensure your child's health, safety, and school success.

Signature of Parent/Guardian: _____ Date: _____

Reviewed/Date _____