

# 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:

<b>Does this child have ANY health issues that may require any treatment during the school day?</b> _____ Yes _____ No
<b>Does this child have ANY health issue that may require the attention of teachers, school nurse, or office staff?</b> _____ Yes _____ No
If <b>YES</b> to either of the above, please explain:  

List <b>ANY</b> medications your child will be taking at school: ** Please note that additional form(s) will be needed, that may include your physician's signature **  
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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 \_\_\_\_\_