

North Andover Public Schools: Health and Emergency Information Card 2005-06

Please Print:

Student: _____ Date of Birth: _____ Grade/homeroom: _____ School Bus _____

Address: _____ Home Tel: _____

Mother: _____ Mother's address (if different): _____ Mother tel: _____

Mother's place of employment: _____ Mother work tel: _____ Mother cell phone: _____

Father: _____ Father's address (if different): _____ Father home tel: _____

Father's place of employment: _____ Father work tel: _____ Father cell phone: _____

Guardian: _____ Guardian address: _____ Guardian tel: _____

Student's physician: _____ Tel: _____

Student's dentist: _____ Tel: _____

Student's orthodontist: _____ Tel: _____

List two *local* adults (other than parent/guardian) who will assume immediate care of your child or pick your child up at school in the event of illness or emergency.

Name: _____ Address: _____ Tel: _____

Name: _____ Address: _____ Tel: _____

Indicate any individuals to whom the nurse should not dismiss your child: _____

I hereby authorize you to call my child's physician if I cannot be reached and such a call is considered necessary.

Signature of Parent/guardian: _____ Date: _____

PLEASE COMPLETE BOTH SIDES OF EMERGENCY CARD

HEALTH UPDATE 05-06

Circle all *current or active* health conditions that apply to your child:

Heart Condition Diabetes Asthma Seizure disorder Migraines Depression ADD ADHD

OTHER: (specify) _____

Allergies (specify): Food: _____ Medication Allergies: _____ Environmental _____ Bee/hornets/wasps _____

Is your child prescribed an Epi-pen for treatment of his/her allergy? Yes No

Vision problems (specify): Wears eye glasses _____ All the time _____ Blackboard _____ Reading _____ Contacts _____

Color blindness _____ Other _____

Hearing problems (specify): Left ear _____ Right ear _____ Hearing aids: Left ear _____ Right ear _____ Preferential seating _____

During the past year has the child had a Physical _____ Date: _____ Dental exam _____ Date: _____

List medication and dosage taken on a regular basis or as needed: _____

Any illnesses, injuries, or surgery since last school year? / Any additional information that the nursing staff should be aware of:

Health Insurance Information:

Does your child have health insurance? Yes _____ No _____

Health Insurance Company _____

Does your child have dental insurance? Yes _____ No _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All information will be confidential.

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel as needed to meet my child's health and safety needs.

Signature of Parent/guardian _____ Date _____

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