



Medical Emergency Information 2022-2023

Family Name: _____

Physician's Name: _____ *phone:* _____

Hospital of Choice: _____

Dentist's Name: _____ *Phone:* _____

Please complete the sections below for all your children who attend Holy Spirit.

The medical information you provide is strictly confidential.

Please complete the sections below for all your children who attend Holy Spirit.

- | | | |
|--|------------------------------------|---------------------------|
| A Frequent headaches | F Kidney / urinary problems | K Heat sensitivity |
| B Frequent sinus infections / hay fever | G Severe bee sting reaction | L Food allergies |
| C Asthma | H Scoliosis | M Allergies |
| D Heart condition | I Seizures | N Other |
| E Diabetes | J Ear or hearing problems | |

Child's Name	Age	Allergies	Daily Medications	Medical Conditions

Students with severe allergies and asthma will need to have an allergy/asthma health care plan on file in the office.
Students with other chronic diseases may also need to have a health care plan on file.

Please indicate any severe injuries, hospitalizations or surgeries we should be aware of.

Child: _____ *month & year*

Child: _____ *month & year*

Child: _____ *month & year*

Child: _____ *month & year*

Please indicate any other information about your child that is relevant to your child's health at school.

Parent's Signature: _____

Would you be willing to share your contact information (address, phone & email) with the HSS community? Circle one: Yes No

Would you like to be notified of pesticide use on campus? Circle one: Yes No *Please see handbook on pesticide use policy.



Emergency Contact Information 2022-2023

Student:	Date of Birth:	School Grade:
Student:	Date of Birth:	School Grade:
Student:	Date of Birth:	School Grade:
Student:	Date of Birth:	School Grade:

Residence address: Street City, State, Zip

Resides with:

<input type="radio"/> Both parents	<input type="radio"/> Grandparent
<input type="radio"/> Mother	<input type="radio"/> Legal guardian
<input type="radio"/> Father	<input type="radio"/> Other

Mother or legal guardian Emergency contact

Mother's name:

Home phone:

Work phone:

Cell phone:

Email address:

Employer:

Father or alternative guardian Emergency contact

Father's
name:

Home
phone:

Work phone:

Cell phone:

Email
address:

Employer:

Note: Please indicate above which parent and phone number to call first in case of emergency.

If parents / guardian listed above cannot be reached, please list an additional emergency contact.

Contact's name:

Relationship to student:

Home Phone:

Cell Phone:

Please list any other adults that should be permitted to take student(s) from school. (other than those listed above)

Name

Phone number

Relationship to student