Orange County Schools

School Year

Student HEALTH & EMERGENCY Information

NCWISE Number

Print Form

☐ Car Rider
☐ Afterschool Care

HOMEROOM TEACHER | GRADE | BUS #

STUDENT NAME (Last, First, Middle) | BIRTH DATE

☐ Male ☐ Female

HOME PHONE | RACE

MOTHER'S NAME

WORK PHONE | CELL PHONE

E-MAIL

FATHER'S NAME

WORK PHONE | CELL PHONE

E-MAIL

STUDENT LIVES WITH

STREET ADDRESS (Not PO Box)

MAILING ADDRESS (If different from above)

CITY, STATE, ZIP CODE

HOSPITAL PREFERENCE (Cannot guarantee)

EMERGENCY CONTACT: List 2 nearby adults who will take care of your child if you cannot be reached right away.

NAME

RELATIONSHIP | DAYTIME PHONE NUMBER

NAME

RELATIONSHIP | DAYTIME PHONE NUMBER

DOCTOR | PHONE NUMBER

DENTIST | PHONE NUMBER

ALLERGIES Write the specific allergy below

FOOD | EPI PEN

INSECTS | EPI PEN

MEDICATION ALLERGIES

OTHER ALLERGIES

MEDICATIONS List below

1.

2.

☐ Takes At Home ☐ Takes At School ☐ Both

EMERGENCY MEDICATIONS

CHECK ANY MEDICAL CONDITIONS THAT YOUR CHILD HAS:

☐ ADD/ACHD ☐ Arthritis ☐ Asthma ☐ Bleeding Disorder
☐ Diabetes ☐ Hearing Problems ☐ Heart Problems ☐ Migraines
☐ Orthopedic Problem ☐ Psychiatric Disorder ☐ Seizures ☐ Sickle Cell
☐ Vision Problems ☐ Other Conditions

Has the student been hospitalized in the last year?

☐ YES Explain

Explain (date of last episode, etc.)

Note: school staff will NOT administer ANY medications to students (either prescription or over-the-counter) unless a medication form is completed and signed by both the doctor and parent/guardian. An adult must bring the medication to the school in a properly labeled container. Unused medication will be disposed of 2 weeks after the last day of school if not picked up by parent or legal guardian. In the case of a serious accident or illness, school staff will contact Orange County EMS (emergency medical services). I understand that my child's medical information will be shared as necessary with OCS staff and emergency personnel in order to provide appropriate health care services.

Parent Signature | Date