STUDENT EMERGENCY HEALTH FORM

Ferguson-Florissant School District
1005 Waterford Drive
Florissant, MO 63033

This form must be completed each school year and returned to the School Nurse.

Name:			Circle Grade: P K 1 2 3 4 5 6 7 8 9 10 11 12
Home Address:		Zip Code:	Telephone:
Birth Date:	Sex:	Health Insurance: Y___ N___ Name of Carrier: _____	Today's Date:

Father/Guardian	Mother/Guardian
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Pager/Cell Phone:	Pager/Cell Phone:
Employer:	Employer:
Business Phone:	Business Phone:

	Name:	Grade
Other Children at this School		

For Emergencies: **In the event that we are unable to contact you at home, work, or through your cell phone, who else may we contact at a different phone number in an urgent or emergency situation? **Your signature below authorizes the school to call and RELEASE your child to the emergency contact people you have listed below for an urgent or emergency situation if the school is unable to contact you.**

Parent/Guardian Signature → **Date →**

Friend/Relative	Address:	Phone:
1.		
2.		

If any phone number changes, Please immediately **Notify** the school nurse or school secretary immediately with the new number.

Medical History Check (✓) **Yes** or **No**. If **Yes**, please give details/dates.

☐Yes ☐No	Asthma:
☐Yes ☐No	Convulsions or Seizures:
☐Yes ☐No	Diabetes:
☐Yes ☐No	Mumps:
☐Yes ☐No	Kidney Disease:
☐Yes ☐No	Heart Conditions:
☐Yes ☐No	Operations:
☐Yes ☐No	Vision Problem Glasses, etc):
☐Yes ☐No	Ear Problem (Hearing, etc):
☐Yes ☐No	Chicken Pox/Year:
☐Yes ☐No	Allergies/specify:
☐Yes ☐No	Daily Medication:
☐Yes ☐No	Taken at home: At School:
☐Yes ☐No	Other:

Emergency Procedure:
I understand that in case of serious accident to the student, the parent, guardian, or physician who is listed on this form will be contacted. If none of these persons can be reached, I hereby authorize school personnel to seek whatever medical attention is deemed necessary where it is available. I also authorize the attending physician to render necessary emergency treatment.

↑ Signature of Parent/Guardian and Date ↑

Physician's Name:

Physician's Number:

Completed Immunizations as required by Missouri State Law For School Attendance. The Law provides for exclusion from School for Failure to comply with the Immunization Law.