

Health Form

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_

Parents/Guardian name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Road (911 address) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Student's Social Security # \_\_\_\_\_

Telephone \_\_\_\_\_ Is your child covered by Health Insurance?  yes  no  
(Information about health insurance call the Vt. Health Access at 1-800-250-8427.)

Place of employment (mother) \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of employment (father) \_\_\_\_\_ Phone #: \_\_\_\_\_

Whom may we contact, in town, to transport and/or care for your child if we are unable to reach you?

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Physician: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Dentist: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Last physical exam: Date \_\_\_\_\_ Physician \_\_\_\_\_

Does your child have any illnesses, allergies, health problems or disabilities we should be aware of? \_\_\_\_\_

How should the school handle the above conditions? \_\_\_\_\_

Is your child on any medication?  yes  no If yes, does it need to be given at school?  yes  no If yes, please state medication and directions (and complete a green form which needs to have your physician's signature) \_\_\_\_\_

In the event your child has a serious illness and/or is injured, the school will use its best judgement in determining if your child should be transported by ambulance to the hospital while making every effort to reach the parent.

\_\_\_\_\_ (parent/guardian signature)