

**WINDHAM SCHOOL HEALTH SERVICES
EMERGENCY AND HEALTH INFORMATION
2005/2006**

Name _____ DOB _____ Advisor _____ Grade _____
Mailing Address _____ Home Tel. _____
Lives with: _____ Parent's Email _____
Father's Pager/Cell # _____ Mother's Pager/Cell # _____
Father's Employer/Phone # _____
Mother's Employer/Phone # _____

With whom does child reside? () Both parents () Mother () Father () other, relationship _____

Please list three names of people we can call in case of an emergency and parent cannot be reached. Make any changes to the names we have listed below.

Does the student have any of the following illnesses? If yes, please explain treatment.

Epilepsy _____	Kidney _____
Intestinal _____	Diabetes _____
Asthma _____	Heart _____
Hearing _____	Vision _____
Allergies _____	ADD _____
Mental Health Problems _____	
Other _____	
Any Medications _____	

Within the last year has the student had an injury or illness that required hospitalization, surgery and/or x-rays. If yes, please explain _____

Does the student have any restrictions that limit his/her ability to participate in sports? _____

Does the student have health insurance? None _____ Private _____ Medicaid # _____

Date of last Physical _____

Physician/Phone #

To be eligible for all sports tryouts an actual copy of the physician's physical exam must be on file in the health office and be updated every 2 years.

Windham School Department Release of Information

In case of an emergency, accident or serious illness, I request the school to contact me. If I cannot be reached, I hereby authorize the school to call the physician named above and to follow his instructions. If you cannot reach the physician, then the school may make whatever reasonable arrangements deemed necessary. If the rescue unit is needed, please send my child to _____ hospital. I also give permission to share this information with appropriate school personnel in order to insure a healthy and safe environment for my child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please look over the sheet and make any necessary changes (if any). Sign and return to school as soon as possible.