



Willard Middle/High School

HEALTH ROOM AND EMERGENCY INFORMATION

****Grades 7th or 9th or NEW STUDENT-FILL OUT FORM****

****Grades 8 OR 10-12-ONLY if form is not on file or ANY health changes have occurred with your child****

Dear Parent/Guardian---Please **COMPLETE ENTIRE FORM**

Date: _____

Grade _____

Student's LEGAL Name:

(LAST) (FIRST) (MIDDLE)
Male ___ Female ___ Date of Birth _____ Home Phone # _____

Address _____ City & Zip Code _____

Father's Name _____ Work Phone # _____ Cell # _____

Mother's Name _____ Work Phone # _____ Cell # _____

In case of an emergency and we are unable to reach parent/legal guardian, do we have permission to take your child to the closest physician or hospital? ___ Yes ___ No

Hospital Preference _____

List Serious Illnesses, Injuries, & Diagnosis _____

List Medication Currently taking and reason _____

Other Health Information or concerns/Any allergies to food or drugs _____

***Per State law-If your child requires a special diet or has food allergies, a new form MUST be filled out each year.**

Health screenings will be conducted in Middle/High School. If you do not want your child to participate, please notify the appropriate school nurse.

I give permission for my student to be given Ibuprofen, Tylenol, Benadryl and/or Tums if needed. New bottles of these medications donated would be greatly appreciated.

Signature of Parent/Legal Guardian: _____