

EMERGENCY HEALTH CARD

- For Summer School -

COMMUNITY UNIT SCHOOL DISTRICT 220

Birthdate _____

School Year _____

Pupil Name: _____
(last) (first) (middle) Grade _____ School _____

Address: _____
(street) (town) Home Phone _____

Last School Attended: _____

If the last school attended is not a CUSD 220 school then a copy of the most recent physical examination and immunization record must be provided

Father's Name _____ Mother's Name _____

Business phone: _____ Cell# _____ Business phone: _____ Cell# _____

Person to be called if parents can not be contacted:

Parent's pager#: _____

1. Name _____ phone _____ Pupil's Doctor _____ Phone: _____

2. Name _____ phone _____ Pupil's Dentist _____ Phone: _____

Child is ALLERGIC to:

Please circle corrective devices child is to wear to school:

*Insect / bee stings allergy = Localized _____ Severe _____

Glasses Contacts Hearing aid Orthopedic

*Food / Medication: list _____ Severe _____

Hearing problems: _____

Other (list): _____

Any known health condition: _____

Medication on regular basis: _____

Time: _____ Reason: _____

Does your child have/need an Epi-pen during the school day? _____

Does your child have/need an Asthma Inhaler during the school day? _____

Did your child have a health care plan or emergency care plan during the last school year? _____

Any illness, injuries or surgery since last year: _____

I understand that, in case of emergency, the school will call a parent at home or work. If a parent cannot be reached I authorize the school to take necessary emergency action.

Information may be shared with appropriate personnel for health and educational purposes.

Parent / Legal Guardian _____
Signature Required

Date: _____

