

**Palmyra Eagle School District**  
**Annual Student Health Emergency Information**  
 (Information valid from Sept. 1, 2017-July 30, 2018)

<b>STUDENT NAME</b>		<b>DATE OF BIRTH</b>	<b>GRADE</b>	<b>SCHOOL</b>
Parent/Guardian Name		Telephone Home	Cell phone	Telephone Work
Physician Name	Telephone	Dentist Name	Telephone	

**Medical History: (check all those that apply):**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Other Health Conditions _____
<input type="checkbox"/> Attention Deficit Disorder (ADD, ADHD)	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Seizure/Epilepsy: Last Seizure _____	_____
<input type="checkbox"/> Mental Health (please specify): _____	_____
<input type="checkbox"/> Takes Prescription medication**: List: _____	<input type="checkbox"/> Surgery in last 12 months: List: _____
_____	_____

\*\*When medications are to be given to your child at school, an *Administration of Medication* form is **REQUIRED**. It is to be completed prior to any administration of medication at school. This medication needs to be sent to school in its original container.

Does your child have severe or life threatening allergies?  Yes  No  
 (If yes, please check the appropriate box(s) and list what it is and the treatment for it)

Insect (Bee/Insect): \_\_\_\_\_

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

*\*When a Medication for an allergic reaction is required it is the responsibility of the parent to provide the medication (antihistamine or EPI-PEN) and the completed Administration of Medication form prior to administration of the medication.*

**Notice:** The Palmyra Eagle School District does not provide student accident insurance. Such insurance is the responsibility of the parent/guardian and/or student, as well as all medical/dental costs due to accidental injury. I hereby authorize school district employees to call for emergency assistance, which could require a doctor, dentist, and/or ambulance. The information on this form may be shared with appropriate school staff.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_