



**HEALTH INFORMATION**

Name of Physician/Clinic: \_\_\_\_\_ Telephone \_\_\_\_\_

**Health Alert**

Does child have any health condition that may affect participation in physical activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Limitations \_\_\_\_\_ (e.g., stair climbing, participation in gym)

Allergies \_\_\_\_\_

504 services for the current year? Yes \_\_\_\_\_ No \_\_\_\_\_ Previous Year? Yes \_\_\_\_\_ No \_\_\_\_\_

My child has (X any that apply): Private health insurance \_\_\_\_\_; Medicaid \_\_\_\_\_; No health insurance \_\_\_\_\_

If "No health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes \_\_\_ No \_\_\_

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

\_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

**Siblings: Last Name**

**First Name**

**School of Attendance**

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