

Norton City Schools

Health Records Update

School Year _____

STUDENT NAME _____

DATE OF BIRTH _____ PHONE # _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (if different) _____

GRADE _____ HOMEROOM(if applicable) _____ BUS _____

MOTHER'S NAME _____ PHONE # _____

MOTHER'S ADDRESS _____

MOTHER'S PLACE OF EMPLOYMENT _____ PHONE # _____

FATHER'S NAME _____ PHONE # _____

FATHER'S ADDRESS (if different) _____

FATHER'S PLACE OF EMPLOYMENT _____ PHONE # _____

PLEASE COMPLETE AND RETURN
TO THE OFFICE AS SOON AS
POSSIBLE! THANK YOU!

1. Please list any existing or recent health problems for this student:

2. Please list any specific allergies this student may have including food and medicine:

3. Please list any medications this student takes on a daily basis or "as needed" basis:

HOME

SCHOOL

4. Please explain any other health concerns about this student that you may want the nurse to know:

5. This student's regular physician is: _____
Address and phone number of physician: _____

6. List others we may contact if parent/guardian cannot be reached at work or home:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

7. In a 911 Emergency, please transport this student to: _____

8. Is student insured? Yes Insurance Carrier: _____
 No If your child is not currently insured, would you like information about FAMIS
(Family Access and Medical Insurance Security) Yes No

By signing this form, I give permission to share this information with appropriate school personnel and emergency services in the event of an emergency.

Parent/Guardian Signature _____ Date _____

*Please notify the school if any of the above information changes

**Please notify the office if your child will be absent from school. When the school is not notified, the student is given an unexcused absence.