



James Irwin Elementary School—Canada Drive

Character Development and Academic Excellence

Confidential Health Information

Student Name _____ Male ___ Female ___

Grade _____ Age _____ Date of Birth _____

Father _____

Mother _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

Emergency Contact Information

Name _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

Student Health Issues (Check all that apply)

___ Vision difficulty ___ Speech difficulty ___ Heart condition

___ Lung disease/Asthma/TB ___ Migraines/head injury ___ Diabetes

___ Blood disease ___ Bone/joint disease ___ Other _____

___ Hearing difficulty/earaches ___ Epilepsy

___ Stomach/ulcers ___ Eating/sleeping difficulties

If you have checked any of the above, please briefly explain: _____

Allergies/sensitivities school personnel should be aware of: _____

Is your student under medical care? ___ Yes ___ No If Yes, please briefly explain: _____

Is your student on any medication? ___ Yes ___ No If Yes, what type? _____

Dosage: _____ Possible side effects: _____

Does the medication need to be taken at school? ___ Yes ___ No

If Yes, Time/Frequency: _____

(A Health Plan signed by a physician must be on file for all OTC and prescription medications taken at school. Health Plans can be obtained at the front office.)

If I cannot be reached by telephone in the event of an emergency involving my student, please send my child to any available medical service. If an ambulance is necessary, the parent/guardian assumes financial responsibility.

Parent/Guardian Signature: _____ Date: _____

