**WOODSTOCK PUBLIC SCHOOLS** EMERGENCY INFORMATION AND ANNUAL PARENT PERMISSION CARD

**Please PRINT: Completely read and fill out BOTH sides of this card.**

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| Student’s Last Name, First Name: enter text. |
| Birth Date: enter text. [ ] Male [ ] Female Grade: enter text. Bus: enter text. |
| Home Address: enter text. | Home Phone: enter text. |
| Parent/Guardian 1 Employer: enter text. | Phone: enter text. |
| Parent/Guardian 2 Employer: enter text. | Phone: enter text. |
| Child resides with: [ ]  Both Parents/Guardians [ ] Mother On [ ]  Father Only [ ]  Other |
| Other persons who are authorized to act for parent in an emergency (in order of priority): **(LOCAL)** |
| 1. Name of alternate & relationship: Enter text. | Phone: Enter text. |
| 2. Name of alternate & relationship: Enter text. | Phone: Enter text. |
| 3. Name of alternate & relationship: Enter text. | Phone: Enter text. |
| *If unable to reach any of the above in an emergency, student will be taken to the appropriate medical facility.* |
| Family Physician: Enter text. | Phone: Enter text. | Date of last Tetanus: Enter text. |
| **YES** [ ]  **NO** [ ]  Does your child take any **medication** daily? If YES, list names of medications, dosage, & time: Enter text. |
| **YES** [ ]  **NO** [ ]  Does your child have any **allergies** (bee sting, medication, food, other)? If YES, explain below: Enter text. |
| Allergy and symptoms of reaction: Enter text. | Necessary treatment: Enter text. |
| **YES** [ ]  **NO** [ ]  Does your child have a vision or hearing problem? Explain: Enter text. |
| **YES** [ ]  **NO** [ ]  Wears: [ ] glasses [ ] contact lenses For: [ ] reading [ ] distance or [ ]  full-time wear |
| **YES** [ ]  **NO** [ ]  Does your child have a history of any of the following health concerns: If YES, check [ ]  and explain below: enter text. |
| [ ] Asthma[ ]  ADD/ADHD [ ] Diabetes [ ]  Epilepsy/seizures[ ] Heart Condition [ ] Bone Defect |
| [ ] Limited Physical Activity [ ] Urinary/Bowel Problems [ ]  Diet Restrictions [ ] Other |
| Comments: enter text. |

**\*\*\*Parents/guardians should notify student’s teachers/bus drivers of above conditions as necessary.\*\*\* (OVER) →**

**ANNUAL HEALTH QUESTIONNAIRE**

Does student have health insurance? [ ]  **YES** [ ]  **NO**

Has your child had any major illness, injury, or surgery in the past year? [ ]  **YES** [ ]  **NO**

If yes, please explain: enter text.

**HEALTH SERVICES MANDATED BY STATE LAW OR SCHOOL BOARD POLICY**

**Physical examinations (Grade 6 only)**  If you choose your own doctor, the exam must be completed and results recorded on the blue State of Connecticut Health Assessment Record by October.

[ ] YES, by own doctor [ ] YES, by **SCHOOL** doctor

**I understand that other screenings** such as height/weight, vision, hearing, postural, and dental screenings will be performed in specific grades, as mandated by State law.

**I have read both sides of this form completely. In an emergency, I consent to have my child transported and treated. I give permission for release of information on this form for confidential use in meeting my child’s health and educational needs in school.**

|  |  |
| --- | --- |
| Parent/Guardian 1 Name: | enter text. |
| Parent/Guardian 2 Name: | enter text. |

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