Crosby-Ironton School District
Student Emergency Health Information Form

Student Last Name: _____ First Name: _____
Sex: M ( ) F ( ) Date of Birth: ____/____/____ Grade/Teacher: _____ School Year: _____

Parent/Guardian Information:

Father (Last, First) _____
Cell Phone: _____ Work / Home Phone: _____

Mother (Last, First) _____
Cell Phone: _____ Work / Home Phone: _____

Emergency Contact: *(if parents cannot be reached)*
#1 _____ Phone: _____ Relationship: _____
#2 _____ Phone: _____ Relationship: _____

Student lives with: Both Parents ☐ Mother ☐ % of time _____ Father ☐ % of time _____
Other ☐ (please specify): _____

Check any of the following health condition(s) your child has:

Dietary
1. ____Allergies - To: _____
   Life threatening reaction: Y / N (circle one)
   Carries EpiPen: Y / N (circle one)
2. ____Diabetes
3. ____Eating Disorders/Weight Concerns
4. ____Food Restriction/Special Diet (circle one)

Behavioral
5. ____ADD ____ADHD
6. ____Autism
7. ____Emotional Issues/Anxiety/Depression (circle)

General
8. ____Asthma
   Triggers: _____ Inhaler: _____
   Daily Medications: _____
9. ____Bleeding Conditions
10. ____Concussion/Serious Accident
11. ____Dental/Orthodontic Problems
12. ____Ear/Hearing Problems
13. ____Eye/Vision Problems
14. ____Headaches (frequent) ____Migraines
15. ____Heart/Cardiovascular Conditions
16. ____Hospitalizations (major)/Surgery
    Date: _____
17. ____Infections – frequent/severe
18. ____Kidney/Bladder Conditions
19. ____Lung/Breathing Problems
20. ____Musculo-skeletal Conditions/Arthritis
21. ____Orthopedic Conditions
22. ____Pain/Discomfort – frequent/severe
23. ____Permanent or Long-Term Disability
24. ____Seizures/Convulsions
    Type: _____
    Date of Last Seizure: _____
25. ____Skin Conditions
26. ____Stomach/Intestinal/Abdominal Conditions
27. ____Other: _____

For ***all conditions checked*** above, please specify by number the current status, treatment, medication, care and history.
_____
_____
_____

Does child wear glasses/contacts? Yes___ No___ Are they worn at school? Yes ___ No_____
Does child have any activity restrictions? Yes___ No___ Specify: _____
Is child taking any medications not listed above? Yes___ No___ Specify: _____
Additional Information you care to share: _____
_____

Does your child have any medical condition that the bus driver should be aware of? Yes___ No___
Explain: _____

Anytime the above information must be changed, I will notify the School Nurse: 218-545-8772 (CRES), 218-545-8823 (HS)

_____ _____
Parent/Guardian Signature Date