

HEALTH INFORMATION FORM

In case of an emergency during the school day, the following information would be helpful. It will be handled in a confidential nature and remain on file in the nurse's office at the individual school and the Human Resources Office.

NAME _____

ADDRESS _____

TELEPHONE # _____ DATE OF BIRTH _____

POSITION/SCHOOL _____

EMERGENCY CONTACT PERSON:

NAME _____ RELATIONSHIP _____

PHONE # _____

NAME _____ RELATIONSHIP _____

PHONE # _____

FAMILY PHYSICIAN _____ PHONE # _____

CURRENT MEDICAL CONDITIONS _____

MEDICATION _____

ALLERGIES _____

ANY OTHER HEALTH INFORMATION _____