

PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

Full Legal Name of Student (Last) (First) (Middle) (M/F) Sex Grade School

Resident Address

Mailing Address (if different)

Date of Birth Place of Birth City State Country

Name/Address of Person(s) with whom Student may reside:

Table with 5 columns: Name, Address (If different than above), Home #, Work #, Cell #. Rows include Father, Step-Father, Mother, Step-Mother, Guardian.

Brothers/Sisters:

Table with 6 columns: Name, Age, School, Name, Age, School. Three rows for listing siblings.

Any legal restricted custody decision the school health office should be aware of? If yes, describe:

Language(s) spoken by Student Language(s) spoken at home

Revised 5/08

(PLEASE COMPLETE REVERSE SIDE)

Stock Form #W9072

PLEASE CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:

- Checkboxes for: ADHD, Allergies/drug, Allergies/food, Allergies/seasonal, Asthma, Birth defects, Blood disorder, Bowel/bladder, Diabetes, Glasses/contacts, Headaches/migraines, Hearing problem, Heart condition, Orthopedic, Psychiatric disorder, Seizure disorder, Other (If any items were checked, please explain)

If your student is to take medication at school, a signed consent form is required.

Please list all medication(s) student is now taking at home or school:

What health or physical problem might affect school attendance or participation in PE?

Has your student ever been involved in a special education program? If yes, please explain

INSURANCE COVERAGE: None AHCCCS Kids Care Indian Health Services Other Health Plan

Doctor Phone Hospital Preference

If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for your student if he/she is hurt or becomes ill at school. (Please notify the school health office of any information changes on this card.)

Name Address Phone(s)

Name Address Phone(s)

If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials.

Parent/Guardian Signature Date

(Signature verifies that all of the information on this card is accurate.)