

SIDNEY CENTRAL SCHOOL DISTRICT
STUDENT HEALTH AND GENERAL INFORMATION

Student's Name _____ DOB: _____ Grade: _____ Homeroom: _____

Parent or Person in Parental Relation #1: _____

Address: _____

County: _____ Home Phone: _____ Email: _____

Parent or Person in Parental Relation #2: _____

Address: _____

County: _____ Home Phone: _____ Email: _____

Student resides with: _____ Phone No. to receive automated attendance call: _____

Student's residence is: _____

Parent or Person in Parental Relation #1 Work: _____ Work Phone: _____
Cell phone: _____

Parent or Person in Parental Relation #2 Work: _____ Work Phone: _____
Cell phone: _____

Emergency Contact #1 Name: _____ Phone: _____ Relationship: _____

Emergency Contact #2 Name: _____ Phone: _____ Relationship: _____

Emergency Contact #3 Name: _____ Phone: _____ Relationship: _____

*Emergency contacts must be available during the school day in case of emergency.
Emergency contacts do not have permission to change dismissal plans for your child.*

Student's Doctor/Pediatrician: _____ Phone: _____

Does the student have any of the following conditions? Check and comment if applicable:

- Asthma Diabetes
- Hearing loss Seizures
- Allergy to insect stings (please specify): _____
- Medication allergies (please specify): _____
- Environmental allergies (please specify): _____
- Food allergies (please specify): _____
- Food restrictions (please specify): _____
- Heart condition (please specify): _____
- Problems with strenuous exercise (please specify): _____
- Other conditions (please specify): _____
- Has s/he been under recent medical care (please specify): _____

List medications and dosages, including antibiotics: _____

I hereby grant permission for the School Nurse/Health Aide to discuss child's health information with school officials who have a legitimate educational interest in the information. To the best of my knowledge the above information is correct and my child has permission to engage in all activities. I will notify the health office, in writing, as soon as possible if there are any changes/updates to the information above. A copy of this form may be sent on off-campus/out-of-town field trips in a sealed envelope in case of emergency.

Parent/Person in Parental Relation Signature: _____ Date: _____

No information on this document will be used to deny resident students a free appropriate public education