

EMERGENCY CARE INFORMATION

In case of emergency, the school staff will contact 911. Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION				
Last:	First:	Middle:	Date of Birth:	Gender:
BUS NO:	ID No:	Counselor:	Oakton High School	
HEALTH INFORMATION				
Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-7 if your child has health condition that requires attention during the school day.				
<input type="checkbox"/> allergies (be specific)		<input type="checkbox"/> hemophilia		
<input type="checkbox"/> Foods		<input type="checkbox"/> Physical Disability (be specific)		
<input type="checkbox"/> Medicines		<input type="checkbox"/> Respiratory (be specific)		
<input type="checkbox"/> Bee Sting or Insect Bite		<input type="checkbox"/> Seizures		
<input type="checkbox"/> Other		<input type="checkbox"/> Vision Problems (be specific)		
<input type="checkbox"/> Asthma		<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		
<input type="checkbox"/> Cancer		<input type="checkbox"/> Other (be specific)		
<input type="checkbox"/> Diabetes				
<input type="checkbox"/> Hearing Problems <input type="checkbox"/> Hearing Aid(s)				
<input type="checkbox"/> Heart Problems (be specific)				
CONTACT INFORMATION				
Student Resides With: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Guardian				
Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick the child up from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to				
<input type="checkbox"/> Father <input type="checkbox"/> Guardian		Telephone		
Last	First	Middle	Home	
Number	Street	Apt #	Work	
City	State	Zip	Other	
Language		Email		
<input checked="" type="checkbox"/> Mother <input type="checkbox"/> Guardian		Telephone		
Last	First	Middle	Home	
Number	Street	Apt #	Work	
City	State	Zip	Other	
Language		Email		
Please list three persons we may call if the parent(s) or guardian cannot be reached who have your permission to make decisions concerning your child in the event of an emergency. Please check the box if this person also has permission to pick your child up from school.				
Name of Person	Relationship	Language	Telephone	
Before and After School Care (complete if applicable). Please check the box if this person has permission to pick your child up from school.				
Name of Provider			Telephone	
Physician Information				
Physician Information			Telephone	
My child's medical care is provided by		name of doctor, clinic, or HMO		
My child's medical coverage is provided by		Health insurance company, assistance program, HMO		