Form 1 **NEW STUDENT HEALTH/EMERGENCY RECORD**

Student's Grade_____

_____

Student Last Name **First Name** **D.O.B.**

_____ _____

Mother/Guardian Phone

_____ _____

Father/Guardian Phone

In the event of a **NON-EMERGENT** accident/illness and parent(s) cannot be reached, please contact the following person(s) in the order listed:

(1) _____

Day Phone _____Relationship _____

(2) _____

Day Phone _____Relationship _____

(3) _____

Day Phone _____Relationship _____

In the event of an EMERGENCY accident or illness and parent(s) cannot be reached, I authorize Kohler Kare personnel to arrange for transportation of the above name child to the following doctor and/or clinic:

_____ _____

Child's Doctor **Phone Number**

_____ _____

Child's Dentist **Phone Number**

In the event of a SERIOUS EMERGENCY I authorize Kohler Kare to transport to my child to the nearest hospital or medical facility.
I agree to assume all costs involved.

I give permission for my child's health information to be shared with appropriate Kohler Kare staff.

_____

Signature of Parent/Guardian **Date**

Yes No

- ❍ ❍ Asthma (Fill out Asthma Action Plan)
- ❍ ❍ Diabetes
- ❍ ❍ Seizure Disorder (Fill out Seizure Action Plan)
- ❍ ❍ Heart Disease – specify_____
- ❍ ❍ Physical Handicaps – specify_____
- ❍ ❍ Glasses/Contacts (circle if applicable)
- ❍ ❍ Hearing problems? Describe_____

ALLERGY/MEDICATION INFORMATION

- ❍ ❍ Food Allergy (Fill out Allergy Action Plan)
- ❍ ❍ Insect Sting (Fill out Allergy Action Plan)
- ❍ ❍ Will an Epi-pen Injection be kept at school?
- ❍ ❍ Latex Allergy
- ❍ ❍ Medication Allergy (specify) _____
- ❍ ❍ Is your child taking medication? If medication/Epi-Pen will require dispensing during school hours, **a Sheboygan County Student Medication Authorization Form with physician signature is required by the state of Wisconsin <u>for each medication</u>.** You may access this form from our website and bring the completed form with you to registration.

Please list any medical conditions/surgeries/serious illnesses as well as any special accommodations that may be necessary as result:

_____

_____

_____

Please submit your child's current immunization record.

IMPORTANT REMINDER: It remains the sole responsibility of the parent to communicate significant health concerns to their child's teachers, coaches and Heidenreiter Bus Company (467-2651).