

Grain Valley R-V School District Student Health Information Sheet

Student Name

Date of Birth

List any special needs, health problems, or physical/mental/emotional conditions:

List any medication(s) that the student is currently taking on a regular basis at home:

List any medication(s) that the student is currently taking on a regular basis at school:

List any food allergies:

List any medication allergies:

In case of serious accident or illness and the school is unable to reach me, I hereby authorize the school to call the physician named below and follow his/her instructions. If it is not possible to contact the physician, the school may make arrangements deemed necessary to help the student.

Physician:	Phone Number:	Last Exam:
Dentist:	Phone Number:	Last Exam:
Hospital Preference:		
Is your child covered under private insurance (circle one):	Yes	No
Is your child covered under Medicaid/Mc+ (circle one):	Yes	No
Is your child covered under another type of medical insurance (please list):		

I verify that the information provided on this form is accurate, current, and that I am the legal parent/guardian of the student.

Signature

Printed Name

Date