



St. Hubert School

Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

2007-2008 Student Health/Emergency Information

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address(es) for School Bulletin \_\_\_\_\_  
Yes/No

Father's Name: \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMERGENCY CONTACTS

(Persons authorized to care for sick student and/or act in an emergency when parents cannot be reached)

1st \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

2nd \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital(for emergency) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Last Physical(mo/day/yr) \_\_\_\_\_

MEDICATIONS

\*\*For nurse to administer prescription medication at school, parent must provide: (1) Medication in original container (2) Written MD order (3) Parent consent

If answering yes to any of the following questions, please give an explanation.

List acute or chronic illness, injuries or operations this past year (include dates) \_\_\_\_\_

Is student under treatment or taking any medication? Yes/No \_\_\_\_\_

Medication given at home? Yes/No \_\_\_\_\_

Medication given at school? Yes/No \_\_\_\_\_

Asthma? Yes/No Type of Inhaler \_\_\_\_\_

Written consent to carry inhaler on file? Yes/No \_\_\_\_\_

Glasses/Contacts? Yes/No Vision/Eye concerns? Yes/No \_\_\_\_\_

Hearing/Ear Concerns? Yes/No \_\_\_\_\_

Activity Restrictions? Yes/No \_\_\_\_\_

Allergies or Allergic Reactions? Yes/No \_\_\_\_\_

STUDENTS MUST BE UP TO DATE ON ALL REQUIRED IMMUNIZATIONS BEFORE SCHOOL STARTS

Dates of Immunizations DURING THE PAST YEAR: Give date (mo/day/yr)

TD: \_\_\_\_\_ MMR:(1) \_\_\_\_\_ (2) \_\_\_\_\_

Hepatitis:(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Chicken Pox/Varicella: \_\_\_\_\_ OR Date of Chicken Pox Disease: \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE

**FAMILY INFORMATION**

Head(s) of Household \_\_\_\_\_

Are there CUSTODY ISSUES? Yes/No Explain: \_\_\_\_\_

**\*\*A legal document stating guardianship may need to be provided to the school\*\***

Is there a second parent or legal guardian who would like to receive school mailings? Please list:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Siblings:**

Name	Birthdate	Current School	Name	Birthdate	Current School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student's previous school(s) attended:	Address	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional information that might be helpful in understanding your student (such as death, divorce, learning difficulties, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do hereby authorize officials of St. Hubert School and Parish to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event the physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child.

I will not hold St. Hubert School or Parish financially responsible for the emergency care and/or transportation for said child.

**I authorize the school nurse to administer Tylenol and/or Ibuprofen to my child.**

The above information may be shared with the school staff working with this student and with Emergency Response Personnel in the event 911 is called.

The data you supply will be used by St. Hubert School for the purpose of contacting you or those you have authorized in case of emergency and to address health and safety issues pertaining to your child. If you do not provide or update the requested information, in whole or in part, we may not be able to contact you in a timely manner if an emergency should arise or may not be able to fully address health and safety concerns pertaining to your child. If you provide the data, the School will be able to contact you and will have more complete information to address health and safety concerns of your child at school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_