

**LAUREL HALL SCHOOL  
STUDENT HEALTH/FAMILY INFORMATION**

Last Name _____		First _____		MI _____		Grade _____		Bus # _____	
Address _____				City/State _____			Zip _____		
Phone _____			SS # _____		Birthdate _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
<b>Male Head of Household:</b> Name _____					Relationship to Student _____				
Employer _____				Work Phone _____			Ext. _____		
Cell Phone _____				Email Address _____					
<b>Female Head of Household:</b> Name _____					Relationship to Student _____				
Employer _____				Work Phone _____			Ext. _____		
Cell Phone _____				Email Address _____					
<b>Emergency Contacts:</b> List the name, address, telephone number, and relationship of two people who can be contacted in case of emergency and we cannot contact you.									
(1) _____					(2) _____				
_____					_____				
_____					_____				
_____					_____				
<b>Doctor</b> _____			<b>Phone</b> _____		<b>Psychiatrist</b> _____			<b>Phone</b> _____	
<b>Dentist</b> _____			<b>Phone</b> _____		<b>Therapist</b> _____			<b>Phone</b> _____	

**STUDENT HEALTH/FAMILY INFORMATION (CONTINUED)**

<p>Please check if your child has any of the following:</p> <p><input type="checkbox"/> Asthma    <input type="checkbox"/> Seizure disorder    <input type="checkbox"/> Attention deficit</p> <p><input type="checkbox"/> Diabetes    <input type="checkbox"/> Heart problems</p> <p><b>Allergies To</b></p> <p><input type="checkbox"/> Food _____</p> <p><input type="checkbox"/> Medications _____</p> <p><input type="checkbox"/> Insect Bites _____</p> <p><input type="checkbox"/> Hay Fever _____</p> <p><input type="checkbox"/> Sensitivity to Chemicals _____</p> <p><input type="checkbox"/> Environmental Allergies _____</p>	<p>List any other information regarding your child's health.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Describe Allergic Reactions: _____</p> <p>_____</p> <p>_____</p>	
<p>List any medications your child takes regularly and the reason.</p> <p>Medication _____ Hours taken _____ Reason _____</p> <p>Medication _____ Hours taken _____ Reason _____</p> <p>Medication _____ Hours taken _____ Reason _____</p>	
<p align="center"><b>IF ANY OF THESE MEDICATIONS MUST BE TAKEN IN SCHOOL, WE MUST HAVE A COMPLETED PHYSICIAN'S MEDICATION ORDER FORM ON FILE IN THE HEALTH CARE OFFICE. THESE ORDERS MUST BE RENEWED EVERY YEAR. PLEASE BRING MEDICATIONS IN LABELED PHARMACY CONTAINER.</b></p>	
<p>Parent/Guardian Signature _____ Date _____</p>	