

Student Emergency Health Form

Location: _____

Student Information:

Name: _____

Birthdate: _____

Medical Alert: The school must be aware of any health problems or conditions (*ie: allergies, asthma, diabetes, seizures, recent surgeries, heart conditions, etc.*) which may impact your child's health and safety at schools.

Health Conditions:

Medications taken at home:

Allergies:

Emergencies: In the event I cannot be reached, I hereby authorize Na Maka Kindergarten Prep School to arrange for the named doctor or dentist, ambulance or hospital facility to provide treatment to my child in case of emergency, accident or illness.

Physician Information:

Name: _____

Address: _____

Phone: _____

Dentist Information:

Name: _____

Address: _____

Phone: _____

Parent Signature: _____

Print: _____

Date: _____