

ELMWOOD VILLAGE CHARTER SCHOOL

HEALTH QUESTIONNAIRE & EMERGENCY FORM

Student's Name: Last First Middle Date: _____

Male Female Date of Birth: _____ Is your Child fully immunized? Yes No Grade entering in 2007: _____

Student's Address: _____

City: _____ Zip: _____ Home Phone: _____

Parent/Guardian: _____ Parent/Guardian: _____

Business name: _____ Business name: _____

Hours & work phone: _____ Hours & work phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Name of doctor: _____ Address: _____

Doctor's phone number: _____

Who has custody of the child? _____

Do not release to: _____

(If child cannot be released to a non-custodial parent, legal documentation must be provided)

If parents are not available, in case of emergency call:

Name	Phone (list all numbers)	Relationship to child

Does your child have a **medical condition** that will require supervision or that will **restrict** his/her activity?

Yes (please explain): _____

Please note if your child has, or has had any of the following conditions:

Anemia	Neurological conditions	Chronic respiratory problems	Surgeries
Pneumonia	Mononucleosis	Seizure disorder	Ear/hearing conditions
Kidney conditions	Rheumatic Fever	Heart disease	Injuries/fractures
Asthma/Reactive airway	Tuberculosis	Diabetes	Food Allergies

List all allergies: _____

List all medications taken regularly by your child at home: _____

I certify that the above information is true and correct. I understand that this information will be shared with personnel involved with my child.

Signature: _____ Date: _____