

CONFIDENTIAL* DENTON ISD STUDENT HEALTH CARD for:

STUDENT/FAMILY DATA

☐ Male
☐ Female

Student SS/ID #

Home Address

(Include all information such as street address, name of apartment complex/mobile home park, apt. # or lot #)

City

Zip code

Student lives with ☐ both parents ☐ mother ☐ father ☐ other explain:

Name/Relationship to Student

Who is student's legal guardian?

Home Phone(s)

Answering Machine
☐ Yes ☐ No

If no home phone, list name and phone # of nearest neighbor or building manager

These are the numbers we will try frst in the event of injury or illness. If the student lives with you, but you are not a parent, please indicate your relationship to the student. Include area codes if phone number is not in Denton, and inform nurse immediately of changes in phone numbers.

Parents/Guardians Names	Work Place	Work Phone	Name and phone # of immediate work supervisor or associate
Mother			
Father			
Mobile Ph. #	e-mail:	Any special instructions regarding parent contact	

List any brothers/sisters in Denton ISD schools

(Name and Campus)

(Name and Campus)

(Name and Campus)

HEALTH INFORMATION

ALLERGIES to anything listed below:

☐ No known allergies OR

☐ Medication

☐ Food

☐ Other

Please indicate if your child has any of the following health problems: ☐ No known health problems OR

☐ Asthma
☐ Seizure disorders
☐ Diabetes
☐ Skin disorders

☐ Bone/joint problems
☐ Speech disorders
☐ Bleeding disorders
☐ Other (describe below)

☐ ADD/ADHD
☐ Migraines
☐ Heart problems
☐ Mental disorders

☐ Vision problems/glasses/contacts
☐ Hearing problems/hearing aid
☐ Recent surgeries/hospitalization
☐ Bladder/kidney problems

Explain:

List **ANY** medication student takes at home or school and reason it is needed:

EMERGENCY CONTACTS

Names/Daytime phone numbers of three LOCAL ADULTS (in addition to above names and numbers) who have agreed to be contacted in the event of illness/injury **and** who have your permission to pick up your child if we cannot reach you**WE WILL ALWAYS ATTEMPT TO CONTACT PARENTS/GUARDIANS LISTED ABOVE FIRST.**

NAME	RELATIONSHIP	DAYTIME PHONE #

PREFERRED LOCAL EMERGENCY ROOM: ☐ Presbyterian Hospital of Denton ☐ Denton Regional Medical Center ☐ Nearest

DOCTOR

Name and Phone # of Student's Doctor/Primary Care Provider

DENTIST

Name and Phone # of Student's Dentist

* I understand my signature below authorizes Denton ISD to initiate ambulance transfer and emergency treatment at my expense in the event I cannot be reached. I also agree unless otherwise noted in writing that this health information may be shared with others related to the care and safety of my child. I give my permission for DISD school nurses to receive healthcare information from my child's physician or other health care provider this school year.

Parent/Guardian Signature (Print and sign with ink)

Date