

Bethlehem Central School District Emergency Health Information

HELP US PROVIDE THE BEST CARE FOR YOUR CHILD DURING SCHOOL!

Please complete the following and return to your child's school nurse. This information is kept on file in the Health Office; and, is NECESSARY for your child's health and safety. Thank you!

SID: _____ Student Name: _____ DOB: _____

HR - Teacher: _____ School: _____ Grade: _____

IN CASE OF EMERGENCY:

Name of Physician: _____ Physician Phone: _____

Name of Dentist: _____ Dentist Phone: _____

Preferred Hospital: _____

Has your child been treated for any illnesses or injuries in the past year? Yes _____ No _____

If yes, please describe: _____

Is your child allergic to any medications? Yes _____ No _____

If yes, what type of reaction? _____

Is your child allergic to bees, insects, etc.? Yes _____ No _____

If yes, what type of reaction? _____

Is your child currently taking any medications? Yes _____ No _____

If yes, what medications and why? _____

Is your child allergic to any foods? Yes _____ No _____

If yes, what type of food? _____

Is it necessary to have medication in the Health Office for a possible allergic reaction?

Yes _____ No _____ If yes, name(s) of medication(s): _____

Does your child wear prescription lenses? Yes _____ No _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian (please print) _____

Please note that the Health Office will utilize the emergency contact information that you have provided to the District via the Aspen Parent Portal. It is important that you make the District aware of any changes to your child's emergency contact information. If you have any questions; or, wish to provide the health office with additional information please contact your child's school nurse.