

WINNACUNNET EVENING HIGH SCHOOL STUDENT HEALTH INFORMATION

Please print:

Name: _____

DOB: _____

Student Home Address: _____

Mother: _____ Father: _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Who should be called first in the event of an emergency? _____

List person with whom child actually lives, if different than above: _____

Medical conditions: _____

Allergies: _____

Further comments: _____

Students 18 or over may answer the following question. Students under 18 must have parents or guardians answer the following question.

Do you give permission for your child to receive Tylenol, Ibuprofen or cough drops? _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, the school may make whatever arrangements are necessary.

Signature of parent or guardian: _____ Date: _____

*signature allows school to forward health information on a need to know basis.

Health Insurance provider: _____ Insurance #: _____