

**ANNUAL HEALTH AND EMERGENCY CENSUS
IMMANUEL LUTHERAN SCHOOL**

Grade _____

STUDENT'S
NAME _____
Last First Middle

DATE OF BIRTH _____

Address _____

Home Phone No. _____

Where can parents be reached if not home?

Father's Name _____ Place of _____
Employment

Phone No. _____

Cell _____

Mother's Name _____ Place of _____
Employment

Phone No. _____

Cell _____

Emergency Name (Person authorized to care for sick or injured child when parent or guardian cannot be reached.)

Phone No. _____

Family Doctor _____

Address _____

Phone No. _____

Hospital preference _____ Phone No. _____

Dentist _____

Phone No. _____

IN CASE EMERGENCY MEDICAL CARE IS NEEDED FOR THE ABOVE NAMED CHILD, AND I CANNOT BE REACHED, I HEREBY AUTHORIZE:

Name of Doctor _____ Doctor's Phone No. _____

TO GIVE THE NECESSARY TREATMENT, YOU MAY CALL THE DOCTOR AND/OR AN AMBULANCE IF NECESSARY. IF THE DOCTOR CANNOT BE REACHED, YOU MAY CALL ONE THAT IS AVAILABLE. I REQUEST THAT PERTINENT HEALTH INFORMATION REGARDING THE ABOVE NAME PUPIL BE GIVEN TO THE APROPRIATE SCHOOL PERSONNEL AT THE DISCRETION OF THE SCHOOL NURSE:

Date: _____ SIGNED _____
Parent or Guardian

(PLEASE COMPLETE BACK SIDE ALSO)

During the past year has your child had any of the following?

Immunizations (be specific) _____ Date _____

Diseases _____ Date _____

Operations _____ Date _____

Medical Care For _____ Date _____

Physical exam by Dr. _____ Result _____ Date _____

Chest X-ray _____ Date _____

Dental Care by Dr. _____ Result _____ Date _____

New Eye Glasses _____ Date _____

New Contact Lenses _____ Date _____

Is there a condition which may limit participation in:

- A. Classroom activity? Yes _____ No _____
- B. Physical Education? Yes _____ No _____
- C. Competitive Sports? Yes _____ No _____

Does your child have any medical condition about which the school should know?

_____ Yes _____ No If yes, please list:

Heart: _____ **Hearing** _____

Asthmatic _____ **Vision** _____

Kidney _____ **Epileptic** _____

Allergies _____ **Diabetic** _____

Medication _____

Physical Handicap _____

Health history: Major illnesses, operations, injuries or problems _____
