

Charter Oak-Ute Community School Health/Emergency Information

Information obtained for this form will be kept confidential and be used exclusively as part of your child's health record

Parent's Name

Father _____ Mother _____ Last Name _____

Name of Children _____ Social Security Number _____ Birth Date _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone: _____ Other Phone: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work: _____ Father's Work: _____

Email Address: _____

Mailing Address: _____

To comply with postal regulations please list your box number if you rent a
box from the post office. Rural mail patrons, please list your 911 address.

Health Insurance? Yes _____ No _____

In Case of an Emergency, if you cannot be reached, who shall be called?
Name: _____ Phone: _____

Dr's Name: _____ Phone: _____

If it becomes necessary, take the child to the _____ at the parent's expense.
Name of hospital

Does your child/children have any illness/allergy, etc. that the school should be aware of?

_____ Yes _____ No
If so, please list child's name and describe illness/allergy:

Child: _____

I give the school permission to give my child Acetaminophen or Ibuprofen for headaches or minor injuries. _____ Yes _____ No
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Parent Signature: _____