

LIST ALL OTHER CHILDREN IN HOUSE

Name	Birth date	Southfield School	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH INFORMATION

*****MEDICATION***** If your child must take medication during the school day, an Authorization for Medication Form must be completed by your child's doctor with written instructions and must be on file in the school office.

Over the counter medication (including cough drops) must be kept in the school office, along with an Authorization for Medication Form signed by a parent/guardian.

List all medication(s) prescribed by your child's doctor: _____

Comments: _____

Indicate if your child has a specific health problem(s):

Asthma Heart Diabetes Seizure Disorder Blood Disorder Speech
Sickle Cell Hearing Vision Physical Therapy Cystic Fibrosis Other _____

Remarks/Comments: _____

Health Aids: Glasses Hearing Aids Ear Tubes Other _____

Severe Allergies to: (name specific allergy) Food(s): _____ Insect Stings: _____ Medication(s) _____

Other: _____ Describe reaction when reactions happens: _____

Any Restricted Activities? Yes No If yes, a doctor's note **MUST** be on file. Sports Gym Field Trip Other

While parents are always contacted if possible, complete information enables the school to take appropriate action. In case of emergency, the school authorities have my permission to take such action as they deem necessary. If an emergency service has to be called, it will be at the parent's/guardian's expense.

PLEASE NOTE: I have read and agree to the terms of Bus Safety/Transportation, Dress Code, Electronic Devices, End of Day Procedures, K-8 Procedures (Arrival & Dismissal), Media Release, Student Code of Conduct, Teacher-Student-Parent Contract, and Technology.

Signature of Parent/Guardian _____ Date _____

Additional Notes: _____

Please complete all areas of the emergency card (front and back). Please notify the school office of any changes immediately.