Shepherd of the Hills Student Health and Emergency Information Form

Student Information

Name (Last, First, Middle)	Grade	Gender	Date of Birth	Ethnicity/Race

Address/City/Zip Code	Best Contact Telephone Number
	☐ Home ☐ Dad Cell ☐ Mom Cell

☐YES ☐NO **Student needs to take prescription medication during the school day.**
☐YES ☐NO **Student has an Allergy Action Plan for: _____**
☐YES ☐NO **Student has a Health Care Accommodation Plan for: _____**
☐YES ☐NO **Student wears glasses or contact lenses.**
☐YES ☐NO **Student wears a retainer, braces, or other dental appliance.**
☐YES ☐NO **All vaccinations and immunizations for the student are current.**

Parent/Guardian Information

Father/Guardian (First & Last Name)	Home Phone	
	Cell Phone	
Address/City/Zip Code	Work Phone	
	Email Address	
Employer	Occupation	

Mother/Guardian (First & Last Name/Maiden Name)	Home Phone	
	Cell Phone	
Address/City/Zip Code	Work Phone	
	Email Address	
Employer	Occupation	

Parent/Guardian Information Continued

Marital Status of Parents ☐Married ☐Separated ☐Divorced ☐Other

Student Lives With ☐Father Only ☐Mother Only ☐Parents Have Joint Custody

Days student is with the Father	
Days student is with the Mother	

If anything other than 'married' has been selected, please complete a Confidential Family/Student Information Form and submit a copy of the court decree for student records.

Emergency Contact Information

Persons authorized to care for students and act in an emergency when parents cannot be reached.

Name	Relationship to Student	Telephone Number	Alternate Telephone
Name	**Relationship to Student**	**Telephone Number**	**Alternate Telephone**
Name	**Relationship to Student**	**Telephone Number**	**Alternate Telephone**

Medical Contact Information

Physician	Clinic	Telephone Number
Allergist	**Clinic**	**Telephone Number**
Dentist	**Clinic**	**Telephone Number**
Orthodontist	**Clinic**	**Telephone Number**
Optician	**Clinic**	**Telephone Number**
Hospital of Preference		**Telephone Number**