

Amity High School
25 Newton Road
Woodbridge, CT 06525

Health File Emergency Information Form

Student _____ Male Female
Last Name First Name

Birth Date _____ Age _____ Home Telephone _____

Primary Address _____
Number/Street Town Zip

Lives with mother father stepmother stepfather grandparent/s
 other (please specify) _____

Please list below the requested information. It is vital that this office have a telephone number available where a responsible person can be contacted in case of an illness or accident. Please notify the health office of any changes during the school year.

Mother's Name _____
Home Address _____ Phone No. _____
Cell Phone _____ Pager _____
Employed at _____ Phone No. _____

Father's Name _____
Home Address _____ Phone No. _____
Cell Phone _____ Pager _____
Employed at _____ Phone No. _____

List two people that we may contact during the school day or release your child to if you cannot be reached:

Name _____ Relationship _____
Address _____ Phone No. _____
Name _____ Relationship _____
Address _____ Phone No. _____

Are there any legal restrictions regarding the release of your child or his/her records to a non-custodial parent? _____ Yes _____ No

If yes, please specify and provide legal documentation to the principal

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Physician's Name _____ Phone No. _____

Dentist's Name _____ Phone No. _____

Hospital Preference _____

Please list any physical handicaps/medical conditions the school should know about:

Does your child have asthma? Yes No

Does your child use an inhaler? Yes No

Does your child have any allergies? Yes No

If yes, please specify Bees Nuts Latex Other

Has your child's doctor prescribed an EpiPen? Yes No

Please list any medication(s) your child is taking at home

1. _____ 2. _____

3. _____ 4. _____

Parent/Guardian Signature

Date