



East Link Academy

STUDENT HEALTH INFORMATION

2020-2021 School Year

Date: _____

If your child becomes ill or is injured and needs to go home, we must contact a parent or legal guardian. It is important that we have current information about how to contact you at all times. If your child has an emergency or needs immediate care that cannot be provided at school, those contacts you list will be called IF we cannot reach a parent / guardian first. Please understand that this is for your child's protection. Please notify the school immediately if ANY of the information changes.

Student Name: _____ Grade: _____

DOB: _____ Age: _____ Gender: ☐ M ☐ F

Home Address: _____ City / State / Zip: _____

Parent / Guardian: _____ Cell #: _____

Work #: _____ Home #: _____ E-Mail: _____

Parent / Guardian: _____ Cell #: _____

Work #: _____ Home #: _____ E-Mail: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Hospital Preference: _____

Insurance Carrier: _____ Phone #: _____

Emergency Contacts (in addition to parents)

Contact 1: _____ Phone #: _____

Relation to child: _____ Family Code Word(s): _____

Contact 2: _____ Phone #: _____

Relation to child: _____ Family Code Word(s): _____

Information or concerns you would like to bring to the health office's attention: _____



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Grade: _____

Check	Condition	Explain
<input type="checkbox"/>	ADD / ADHD	
<input type="checkbox"/>	- Other Mental Health Diagnosis	
<input type="checkbox"/>	Allergies: Non-life threatening	List: _____
<input type="checkbox"/>	Allergies: Life threatening • REQUIRING AN EPI-PEN	List: _____ _____ _____
<input type="checkbox"/>	Asthma	Trigger(s): _____ _____
<input type="checkbox"/>	Bladder / Urinary Diagnosis	
<input type="checkbox"/>	Bone / Orthopedic Diagnosis	
<input type="checkbox"/>	Diabetes (Sugar)	
<input type="checkbox"/>	Epilepsy (Seizures)	Last seizure: _____ _____
<input type="checkbox"/>	Hearing Problems	Hearing aid: <input type="checkbox"/> Yes <input type="checkbox"/> No Ear: <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/>	Heart (Cardiac) Diagnosis/Surgery	
<input type="checkbox"/>	Hemophilia or Bleeding Diagnosis	
<input type="checkbox"/>	Hypertension (High Blood Pressure)	
<input type="checkbox"/>	Vision Problems	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No Last exam: _____
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	

All emergent type medications (Epi-pen / Glucose / Inhaler / Seizure Medication) should be available at East Link Academy with completed prescription medication form(s) on file.

Medication	Dose	Time	Home	School