



SANTA CRUZ CITY SCHOOLS STUDENT HEALTH DATA

FOR SCHOOL YEAR: _____

*** Note: A copy of this form will be taken on field trips where your child is a participant. Please notify your child's teacher if any information changes during the school year.*

STUDENT'S NAME: _____ GRADE: _____

TEACHER'S NAME: _____ ROOM #: _____

STUDENT'S DATE OF BIRTH: _____

EMERGENCY NAME & TELEPHONE NUMBER: _____

HEALTH DATA:

Medical Insurance Carrier: _____

Policy Number: _____

Physician's Name: _____

Physician's Phone #: _____

Student's special medical conditions: _____

A special note to Parent/Guardian:

- (1) All drugs must be registered on this form;
- (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
- (3) Check here if there are no special problems that the staff should be aware of and no drugs are required.
- (4) If any medication or drugs are to be taken by student, list them here. (Name of drug and reason):

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

PHONE

For Staff Use Only. Please update as necessary:

