[School Name]
Health & Safety Information Form

Student Information

Full Name: _____
Date of Birth: _____
Grade Level: _____
Student ID (if applicable): _____

Parent/Guardian Information

Parent/Guardian Name: _____
Relationship to Student: _____
Phone Number: _____
Email Address: _____

Emergency Contact (if different from above)

Name: _____
Relationship: _____
Phone Number: _____

Medical Information

Primary Physician: _____
Physician Phone Number: _____

Does the student have any medical conditions?
☐ Yes ☐ No
If yes, please specify:

Does the student have any allergies?
☐ Yes ☐ No
If yes, please list (food, medication, environmental):

Is the student currently taking any medications?
☐ Yes ☐ No
If yes, please list and include dosage:

Health & Safety Needs

Does the student require any special accommodations?
☐ Yes ☐ No
If yes, please explain:

Does the student have a health care plan on file?
☐ Yes ☐ No

Emergency Authorization

In case of illness or injury, I authorize the school to:
☐ Contact emergency services if necessary
☐ Provide basic first aid
☐ Contact the parent/guardian listed above

Preferred Hospital: _____

Insurance Information (Optional)

Insurance Provider: _____
Policy Number: _____

Acknowledgment & Signature

I certify that the information provided is accurate and complete. I understand it is my responsibility to notify the school of any changes to this information.

Parent/Guardian Signature: _____
Date: _____

Student Signature (if applicable): _____
Date: _____

For School Use Only

Date Received: _____
Reviewed By: _____
Notes: