

RICHWOODS R-VII SCHOOL DISTRICT



STUDENT HEALTH INVENTORY

Please complete every section of this form, circle or check all boxes that apply and write in the rest of the information needed.

Full Name: Last		First	MI	Birth Date:	Social Security:
Grade:	Teacher:		Homeless: Y N Migrant: Y N	Sex: Male Female	
Dad/Guardian Name:		Work Number: ()		Cell Number: ()	
Mom/Guardian Name:		Work Number: ()		Cell Number: ()	
E-mail address:				Bus #: AM PM	
Student Lives with: Both Parents Father Mother Grandparent(s) Guardian(s)/Other: _____					
HOME PHONE #: () _____ [] No Home Phone (see numbers below)					
Mailing Address: <small>(mail information here)</small> House Number / P.O. Box Street Name/Route City Zip Code					
Physical Address: <small>(where student lives)</small> House Number Street Name/Route City Zip Code					
Driving Directions:					

Notification for Emergency Injury/Illness

Please list people that are available and willing to pick up your student during school hours if you are not available.
List emergency contacts in the order they are to be called. (Only the people named below may pick up or release your student from school !)

Name	Relationship	Home #	Work #	Cell #
1 st				
2 nd				
3 rd				
4 th				

Other students that live in your home:

Name	Grade	Relationship

Medical Information

List health problems, allergies and medications the school should be aware of.

Authorization for Emergency Medical Treatment

I understand that my child will be transported to the nearest medical facility for a Life-Threatening Emergency. I will be contacted immediately. I will be responsible for my child's medical expenses.

Parent/Guardian Signature (only) _____ Date: _____

Access to Medical Care	Access to Dental Care	Insurance
Has this student been seen in a doctor's office, medical clinic or emergency room in the past 12 months? Yes No	Does this student have regular access to dental care? Yes No	[] student has NO health insurance [] student has Mo. Health Net [] student has other insurance

Please answer both of the following questions:

1) Is the student Hispanic/Latino? Yes / No

2) What is the student's race? (Circle one or more)

Asian / Native Hawaiian or Other Pacific Islander / American Indian or Alaska Native / Black or African American / White

PLEASE RETURN THIS FORM TO SCHOOL WITHIN 5 DAYS. NOTIFY SCHOOL OF ANY CHANGES.