Okeechobee County School Board
Emergency Information

Home Phone: _____	Grade: _____ Homeroom: _____	AM Bus: _____ PM Bus: _____
Student's Name:		Date of Birth:
Street Address:		City Zip Code
Mailing Address:		City Zip Code

Father/Male Guardian's Name Contact Order ___	Work Phone	Business Name	Cell/Page/Other Phone
Mother/Female Guardian's Name Contact Order ___	Work Phone	Business Name	Cell/Page/Other Phone
Emergency Contact Name Contact Order ___	Home Phone	Work Phone	Cell/Page/Other Phone
Emergency Contact Name Contact Order ___	Home Phone	Work Phone	Cell/Page/Other Phone
Emergency Contact Name Contact Order ___	Home Phone	Work Phone	Cell/Page/Other Phone

Condition	Medication for Condition	Condition	Medication for Condition
❑ ADHD ❑ Epilepsy	_____	❑ Hypoglycemia ❑ Leukemia	_____
❑ Ulcer ❑ Asthma requiring medication	_____	❑ Headaches ❑ Nosebleeds	_____
❑ Diabetes ❑ Ear Infections	_____	❑ Scoliosis ❑ Sickle Cell	_____
❑ Seizures ❑ Heart Condition	_____	❑ Birth Defect ❑ Cancer	_____
❑ Kidney/Urinary Tract ❑ Hemophilia	_____	❑ Hearing Impair. ❑ Lung Disorder/TB	_____
❑ Hernia ❑ High Blood Pressure	_____	❑ Visual Impair ❑ Stomach Problems	_____
Other, Please Specify _____			

Allergies to Medications: ❑ Yes ❑No Specify Medication Name(s)_____

Severe Allergic Reaction to bee stings, ant bites, food: ❑Yes ❑No Specify_____

Can you provide medical documentation of the above? ❑Yes ❑No

Pollen and Other Allergies ❑Yes ❑ No Specify allergy and medications_____

Student covered by: Health Insurance _____ Yes _____No Medicaid _____ Yes _____No

Source of Medical Care:
_____ No Regular Source
_____ Emergency Room
_____ Private Physician/Clinic: Name _____
_____ Florida Community Health Center
_____ County Public Health Unit

If your child has ever been seriously ill, had a serious accident, been hospitalized in the last 3 years, or has frequent minor illnesses, please explain: _____

_____

Should your child's activities at school be restricted in any way due to a medical problem? _____ Yes _____ No
If yes, please explain _____

Has your family experienced any of the following in the last year?

_____ Marriage	_____ A Birth	_____ Loss of Employment
_____ Death	_____ Divorce	_____ Serious Illness
_____ Relocation	_____ Separation of Parents	

Name(s) of Brothers and Sisters:	Grade	School

Parental Consent: In the case of a medical emergency, the school has my permission to send my child to the nearest hospital or physician if unable to contact parent(s) or person(s) listed above. I hereby certify that the above information is true and correct.

_____	_____	_____
Name of Parent/Guardian (Print)	Date	Signature of Parent/Guardian