



**Emergency Health Information**

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

List allergies to food, medications, insect bites/stings (PLEASE print & be specific):

\_\_\_\_\_

List any physical disorders, conditions or limitations:

\_\_\_\_\_

List **ALL** medications or supplements that are currently being taken:

**Epi Pen:**  Yes  No     **Inhaler for:** \_\_\_\_\_  Yes  No

Type \_\_\_\_\_

Is this student covered by health insurance? \_\_\_\_\_ **If yes, please provide Insurance Company name:**

\_\_\_\_\_

List any other concerns you may have about your child’s health, development, learning, behavior or home situation, which might affect their performance:

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact Number(s):** \_\_\_\_\_

Reliable information is necessary should a sudden accident or illness occur while your student is at school. We will attempt to contact you if any type of medical attention is needed. However, in the event that treatment is necessary and we are unable to contact you, your signature below will authorize Lango authorities, doctors, or a hospital to use their best judgment in the best interest of your child’s health. **“I hereby authorize the release of my child’s pertinent medical information to appropriate professional staff. I give consent and understand that the medical information may be shared, when necessary, with appropriate professional staff involved in the care of my child.”**

\_\_\_\_\_

(Signature of legal guardian)

\_\_\_\_\_

(Date)