



Muhlenberg School District

PLEASE CHECK THE FOLLOWING IF THEY PERTAIN TO YOUR CHILD

<b>English</b>
Student Emergency & Health Card
Page 2 of 2

**CHECK HERE IF THERE ARE NO KNOWN HEALTH PROBLEMS .....**

**EYES**

Wears glasses  To be worn at all times

Wears contacts  To be worn at all times

Requires preferential seating  Date of last eye examination: \_\_\_\_\_

Under care of Dr. \_\_\_\_\_

Phone \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**EARS**

Has a hearing problem  Has tubes in ears  Uses hearing aid

Requires preferential seating

Under care of Dr. \_\_\_\_\_

Phone \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**BROTHERS AND SISTERS**

	NAME	SCHOOL ATTENDING	GRADE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**GENERAL HEALTH**

1. Has the following condition(s):

Epilepsy .....  Fainting Spells .....  Diabetes .....

Hyperactive (ADHD) .....  Heart Condition .....  Migraines .....

Asthma .....

Are any of the above life threatening?  Yes  No Please explain:

\_\_\_\_\_

\_\_\_\_\_

Allergies (please describe):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergic reaction to bee stings (please describe):

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

2. List medication(s) prescribed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current dosage: \_\_\_\_\_

For (diagnosis): \_\_\_\_\_

Does the drug need to be taken during school hours ?  Yes  No

Prescribed by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

3. Has a physical condition which limits participation in:

Classroom activities  Physical education

Please explain: \_\_\_\_\_

\_\_\_\_\_

Under the care of Dr. \_\_\_\_\_ Phone \_\_\_\_\_

4. Date of last tetanus shot \_\_\_\_\_

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" MUST BE COMPLETED.