

EDMOND PUBLIC SCHOOLS
STUDENT HEALTH INFORMATION

Student Name: _____ **Date of Birth:** _____ **School year:** _____

School: _____ **Teacher:** _____ **Grade:** _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Emergency Contact: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Health Condition: _____

Brief description of health condition: _____

Date of onset: _____

Restrictions or modifications needed at school (**Note: Some restrictions or modifications may require a physician order**) _____

Warning signs related to condition: _____

Medications at home: _____

Notify parent/guardian or emergency contact in the following situation: _____

Parent/Guardian Signature

Date