



EMERGENCY INFORMATION

Diman Regional Vocational Technical High School

STATE LAW REQUIRES PARENTS/GUARDIANS TO FILL OUT AND SIGN THIS FORM

INTERVAL HEALTH HISTORY

Diman Regional Vocational Technical High School

*Diman Regional requires parents/guardians to fill out and sign this form **annually.***

Student Name: _____ Date of Birth: _____

Shop/Week: _____ Year of Grad: _____ ID #: _____

Address: _____ Home Tel #: _____

MEDICAL INFORMATION

Physician's Name: _____ Dentist's Name: _____

Does your child have any of the following Health Conditions that we should be aware of? If yes, please explain.

1. **ADD/ADHD** YES NO 6. **Vision/Hearing Problems:** YES NO

2. **Seizure Activity:** YES NO 7. **Bone/joint disease or injury:** YES NO

3. **Asthma/Respiratory Illness:** YES NO 8. **Heart Problems/Murmurs:** YES NO

4. **Diabetes:** YES NO 9. **Migraine Headaches:** YES NO

5. **Allergic Reaction:** YES NO 10. **Emotional Conditions:** YES NO

If yes, does your child require an epi-pen? YES NO

Other Health Conditions: _____

Please Complete and Sign Reverse/Other Side

**INFORMATION BELOW CONCERNS THE PARENT(S)/GUARDIAN WITH WHOM
THE STUDENT RESIDES**

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Employer's # _____ Employer's #: _____

Cell #: _____ Cell #: _____

PLEASE PROVIDE ADDITIONAL EMERGENCY CONTACTS

Name: _____ Tel. #: _____ Relationship: _____

Name: _____ Tel. #: _____ Relationship: _____

Name: _____ Tel. #: _____ Relationship: _____

Name: _____ Tel. #: _____ Relationship: _____

Name: _____ Tel. #: _____ Relationship: _____

If you are unavailable, may we send your child to a neighbor/relative by a taxi if necessary? YES NO

Does your child take any prescribed medication? YES NO

List: _____

Hospital of choice: _____

Is your child able to carry a full program of school work including Physical Education and Athletics? YES NO

Explain _____

Would you like your child's teachers to be notified of specific health/medical concerns? YES NO

If yes, specify information you would like released:

Parent/Guardian Signature: _____ **Date:** _____