

**WHEATON R-III SCHOOL DISTRICT
HEALTH INVENTORY**

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

**All information is confidential and will be kept in your child's permanent health record. If this information changes,
please contact your child's school nurse.**

Pupil's name _____ Grade _____

Date of birth _____ Sex: M F

Pupil's home address _____

Name of person(s) with whom child lives _____

Parent/Guardian (#1) _____

Address _____ Home phone _____

Place of employment _____ Work phone _____

Cell phone _____

Parent/Guardian (#2) _____

Address _____ Home phone _____

Place of employment _____ Work phone _____

Cell phone _____

Names and grades of brothers and sisters _____

Please list three persons with transportation to be contacted if parents cannot be reached in case of illness or emergency:

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Student Health Information

Allergies _____

Does your child take any regular medication? Yes _____ No _____

If yes, please list medication, time it is taken, and what it is taken for: _____

Any **health information** or **medical diagnosis** the school nurse should know: _____

Does your child use any special device/equipment?

Please list: _____

Does your child wear glasses or contact lenses? _____

Physician's name _____ Phone _____

**IN CASE OF A SERIOUS EMERGENCY, WITH PARENTS UNAVAILABLE, YOUR CHILD WILL BE
TRANSPORTED BY AMBULANCE TO A HOSPITAL.**

**YOUR HOSPITAL
CHOICE:** _____

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