FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT
HEALTH CARD

Student Last Name:

First Name:

STUDENT LAST NAME_____: STUDENT FIRST NAME:_____

GRADE:_____TEACHER:_____

MAILING ADDRESS:_____CITY: _____ STATE:_____ ZIP:_____

GENDER: □ MALE □ FEMALE BIRTHDATE: _____

PARENT/GUARDIAN CONTACT INFORMATION : **Students MUST be picked up within one (1) hour of receiving the phone call.**
The primary parent contact is ordinarily the natural parent, adoptive parent or legal guardian with whom the student lives most of the school week The school will honor the non-custodial parent's requests for information unless copies of custody papers or copies of court orders restricting the non-custodial parent's access to such information is on file at the school. Legal Guardians, a copy of the court order indicating custody must be on file.

PRIMARY PARENT/GUARDIAN CONTACT ONE:
RELATIONSHIP: □ PARENT □ STEP PARENT □ GRANDPARENT □ FOSTER PARENT □ LEGAL GUARDIAN □ OTHER:

LEGAL LAST NAME:_____ LEGAL FIRST NAME:_____

PHONE (C):_____PHONE (W):_____ EMAIL :_____

ADDRESS: □ SAME AS STUDENT, IF NOT: _____

PARENT/GUARDIAN CONTACT TWO:
RELATIONSHIP: □ PARENT □ STEP PARENT □ GRANDPARENT □ FOSTER PARENT □ LEGAL GUARDIAN □ OTHER:

LEGAL LAST NAME:_____ LEGAL FIRST NAME:_____

PHONE (C):_____PHONE (W):_____ EMAIL:_____

ADDRESS: □ SAME AS STUDENT, IF NOT: _____

PARENT/GUARDIAN CONTACT THREE:
RELATIONSHIP: □ PARENT □ STEP PARENT □ GRANDPARENT □ FOSTER PARENT □ LEGAL GUARDIAN □ OTHER:

LEGAL LAST NAME:_____ LEGAL FIRST NAME:_____

PHONE (C):_____PHONE (W):_____ EMAIL:_____

ADDRESS: □ SAME AS STUDENT, IF NOT_____

EMERGENCY OR STUDENT BEING SENT HOME: **Students MUST be picked up within one (1) hour of receiving the phone call.**
If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take temporary custody of and responsibility for my child for any circumstance. I understand it is my responsibility to notify the school in advance when my child will leave school and to indicate who will pick up my child. ****Any changes to this Health Card must be in writing and signed/dated by a parent/guardian.**

EMERGENCY CONTACT 1:_____RELATIONSHIP TO STUDENT:_____

PHONE: _____

EMERGENCY CONTACT 2:_____RELATIONSHIP TO STUDENT:_____

PHONE: _____

EMERGENCY CONTACT 3:_____ RELATIONSHIP TO STUDENT:_____

PHONE: _____

My child should NOT have any contact with the people named below. (If persons named are parents/guardians, legal papers must be on file in the school office.

Name: _____Name:_____

*Immunization records must be obtained before a child may enter or attend any Arizona School.

FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT
HEALTH CARD

Student Last Name:_____ First Name:_____

* Students will be screened for hearing and vision by Arizona state guidelines. If you do not wish your child to be screened, please submit a letter requesting that your child not be screened for hearing and vision. A letter must be submitted at the beginning of each school year

DIAGNOSED HEALTH CONCERNS

□ HEART _____ □ ASTHMA □ DIABETES □ HEARING □ SEIZURE □ OTHER_____

□ FOOD/SUBSTANCE ALLERGY _____(contact Health Office for additional forms)

***If you marked any of the above boxes, please contact the Health Office to complete additional forms.**

Additional comments: _____

_____

Recent surgery, accident, concussion or serious illness (past year):_____

EMERGENCY MEDICATIONS:

YES	NO	
□	□	My student requires a prescribed **Epi pen** that a parent/guardian will bring to the Health Office.
□	□	My student requires a prescribed **Rescue Inhaler** that a parent/guardian will bring to the Health Office.

*If you answered **"yes"** to either question above, please contact the Health Office to complete additional forms required to be on file. All emergency medication is to be provided by and brought into the Health Office by a parent/guardian.

Is your child on **daily medication** which will be taken **during** the school day? □ **YES** □ **NO**

If **yes**, please contact the Health Office. **All medication is to be provided by and brought into the Health Office by a parent/guardian.** Prescription medication must be in the original prescription bottle. Over the counter medication must be in a new, unopened bottle.

****All medication is to be provided by and brought into the Health Office by a parent/guardian.****

- I understand FHUSD does not provide accident medical/dental coverage for students for injuries/ illnesses occurring at school.
- I understand that I am financially responsible for any medical, dental, ambulance, or other health care expenses, which might occur because of such illness or injury.
- I understand that if my child needs medication or other health services at school, I must make arrangements with the school health office.

The above Physical/Health concerns will only be shared with the appropriate school personnel as needed. I affirm all registration & emergency information on this form is accurate. I understand it is my responsibility to notify the school, in writing, of any changes.

PARENT/GUARDIAN SIGNATURE:_____**DATE**:_____

List Brothers & Sisters (Name, School, Grade):_____

_____

----------OFFICE USE ONLY BELOW THIS LINE----------EMERGENCY RELEASE ----------

Student ID#:_____ Student Home address:_____

I verify that I am the parent/guardian of the student identified above. By signing this form, I accept responsibility for the student, including any advisable care and treatment, in this emergency. I also release, waive, discharge, and hold harmless Fountain Hills Unified School District and its employees, agents, and representatives, past and present, from any and all claims, suits, liabilities, judgments, costs, and expenses for any personal injury or illness, death, or other loss arising from or relating to this emergency.

Fountain Hills Unified School District may, at its discretion, make counselors available on campus for any student wishing or needing to speak to someone.

Parent/Guardian Signature:_____ Date:_____ Printed Name: _____

FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT

HEALTH CARD

Parent/Guardian License number:_____FHUSD Representative_____

Student Last Name:_____First Name:_____