

NORTHWESTERN REGIONAL SCHOOL DISTRICT 7

2022 - 2023

Student Health Emergency Information to be Completed/Updated Each School Year

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

	Mother	Father	Step-Parent	Guardian
Name				
Business Phone				
Cell Phone				

(Please circle with whom student lives)

Emergency Contact If parents cannot be reached, please call:

1. \_\_\_\_\_  
Name Phone Town

2. \_\_\_\_\_  
Name Phone Town

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Yes No Would you like information about CT HUSKY Plan? Yes No

I, the undersigned parent/guardian, give permission to the school nurse to exchange health information about my child with his/her teachers.

\_\_\_\_\_  
(Parent Guardian Signature)

In the event of an emergency, I understand that every effort will be made to reach the parents. In the event I cannot be reached, I give permission for my child to be transported to the appropriate medical facility

\_\_\_\_\_  
(Parent/Guardian Signature)

**\*\*\*\*\*PLEASE TURN OVER & COMPLETE THE SECOND SIDE OF THIS FORM\*\*\*\*\***