Saint James Elementary School
30 Peters Place
Red Bank, New Jersey 07701

Health & Emergency Form

Student Information

Student's Name:_____ Grade:_____ Homeroom:_____
Address:_____ Physician's Name:_____
City:_____ Physician's Phone No.:_____
State and Zip Code:_____ Dentist's Name:_____
Home Phone No.:_____ Dentist's Phone No.:_____
Date of Last Dental Exam:_____

Date of Birth:_____ Sex: ☐ Male ☐ Female

Emergency Contact Information

Mother's Name:	Father's Name:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email Address 1:	Email Address 1:
Email Address 2:	Email Address 2:

Please list the names and telephone numbers of two adults who you authorize the school nurse to call in case of an emergency. Your child will be released to one of the following if we are unable to reach you.

1. Name:	Phone No.:	Cell Phone No.:
2. Name:	Phone No.:	Cell Phone No.:

Health Information

Please check all that apply:

☐ Chicken Pox	☐ Tuberculosis	☐ Rheumatic Fever	☐ Measles	☐ Emotional Problems
☐ Diabetes	☐ Kidney Disease	☐ Strep	☐ German Measles	☐ Scarlet Fever
☐ Heart Condition	☐ Scoliosis	☐ Asthma	☐ Mumps	☐ Epilepsy
☐ Allergy Type:			☐ Other:	

LIST ANY SEVERE INJURIES, OPERATIONS, PHYSICAL HANDICAPS AND EXPLAIN:_____

LIST ANY MEDICATIONS CURRENTLY OR OFTEN TAKEN BY STUDENT AND EXPLAIN:_____

Health information will be shared with school personnel on a "Need to know" basis.

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