



New City School Emergency Health Information Form

Child's Last Name:		Child's First Name:	
Primary Parent Contact:		Phone:	
Emergency Contact:		Phone:	
Child's Date of Birth:			
Family Care Provider:		Phone:	
Address:			
Health Insurance:		Policy # or Medicaid #	
Does your child take any medication for special health concerns? (If yes, please list) Example: Asthma, Diabetes, Epilepsy, etc..		Dosage:	Time:
Allergies:	Drug:	Environmental:	Other:
If your child has a food allergy please complete the following questions:			
List all foods your child is allergic to: (Meaning he/she experiences immunological reaction(s), such as anaphylactic shock, swelling, hives, diarrhea, vomiting, etc)			
Describe the symptoms and severity when your child is exposed to the allergenic food.			
Does your child take medicine for his/her allergy?			
In the event your child experiences an allergic reaction, what course of action would you like New City School to take?			
Food Restrictions (not medically related)	Reason(circle one): Religious Cultural Other:_____	Recommended Substitutions:	

I understand that the information on this card will be kept confidential and only for the appropriate New City School staff and any necessary professionals to address any emergency health concerns of my child. I will report immediately and changes and/or information on this form to the Staff.

Signature of Parent/Guardian: _____ Date: _____

Signature of NCS Staff: _____ Date: _____