

FAIRFIELD COMMUNITY SCHOOLS, FAIRFIELD, IOWA, CUMMULATIVE FOLDER AND HEALTH INFORMATION

In order to bring individual records up to date, please complete this form promptly and return to school.

Student's Name _____ Address _____ Birth date _____
 Home Phone _____ School _____ Grade Level _____
 Father's Name _____ Where employed _____ Ph. _____ Cell Ph. _____
 Or Guardian's
 Mother's Name _____ Where employed _____ Ph. _____ Cell Ph. _____
 Or Guardian's

Family Doctor _____

Has student had any of the following since last September?

Immunizations _____

(Type) _____ (Date) _____

Operations _____

(Type) _____ (Date) _____

Serious Injury _____

(Type) _____ (Date) _____

Serious Illness _____

(Type) _____ (Date) _____

Does student wear glasses/contact Yes _____ No _____

Date of last vision exam by eye doctor _____

Name of eye doctor _____

Date of last dental exam _____

Name of dentist _____

Is student at present under medical treatment? Yes _____ No _____

If yes, please give us details: _____

List below any health problems that you or your family doctor think should be known by school authorities: _____

Does student have private health insurance _____, Medicaid _____, or no health insurance _____? (Check one)
 If your child does not qualify for Medicaid and you cannot afford private health insurance, your child may qualify for free or reduced cost health insurance through the Healthy and Well Kids in Iowa (HAWKI-I) program. Your school nurse has information and applications or you may call 1-800-257-8563.

Date _____ Signature of Parent/Guardian _____

* Please notify school office if any of the above information changes. * Call school nurse if any of the above information is confidential

Names and Birthdates of Brothers and Sisters:

Name	Month	Day	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICATION POLICY: School policy does not allow us to give medicine at school unless we have (1) written permission from the parents, (2) signature of the prescribing doctor, and (3) the medicine must be brought to school in the container as labeled by the pharmacy. (This includes over-the-counter drugs such as aspirin, etc.) Medication cards can be obtained at the schools or in the local doctors' offices.

EMERGENCY INFORMATION

We must have the following information about an adult who can be called when we cannot reach the parent or guardian:

_____ Person's Name _____ Address _____ daytime phone _____
 Has this person agreed to assume this responsibility? Yes _____ No _____
 If emergency treatment is required and the parents cannot be reached immediately, may school authorities use their judgment in calling Doctor _____ or taking your child to the hospital emergency room (at parent's expense). If "no", what do the parents want done? _____