



NICOLET HIGH SCHOOL HEALTH OFFICE: 414.351.7574

**NEW STUDENT EMERGENCY HEALTH INFORMATION
(REQUIRED)**

Student Name: _____

Please Print All Information

1. Does your child have any health concerns?
No _____ Yes ___ If yes, please explain _____

2. Does your child have any allergies (food, insects, medication, etc.)?
No _____ Yes ___ If yes, please explain _____

Does he/she have an epi-pen? No _____ Yes _____

3. Does your child take any medication scheduled medication during the school day?
No _____ Yes ___ If yes, please complete the "Dispensing Prescription and non
prescription medication form" and turn in to Health Office. You can also review the School
Board Policy #5330 "Administration of Medication/Emergency Care"

4. Please list the first and last name of doctor(s) and their office phone number:

5. Hospital Preference: _____
-Transportation of Students for Life Threatening and Urgent Emergencies: Arrangements will be made to
transfer student immediately to the nearest available emergency medical facility. Contacts to parents will be
made at the earliest opportunity without compromising care.
-Transportation of Non-Emergency Students: Parents or persons designated by the parents are to be called to
take student to a medical facility if needed. The school nurse or other school official may not transport student
in their car. School representative may or may not accompany student to medical facility.

6. Insurance Company: _____

7. Group Number: _____

8. Emergency Contacts
It is very important that the Emergency Information forms be completed and the emergency contacts listed
(grandparents, aunts, uncles, neighbors, etc.) have transportation. These forms must be completed each year as
telephone numbers and addresses change. Please make the office aware of any changes throughout the school
year. If a parent is unavailable, emergency contact people may be asked to pick up students. They will be called
in the order listed below.

NAME	PHONE

REQUIRED Parent Signature _____ Date: _____

Please attach a copy of your child's vaccination (immunization) records.