

BETHLEHEM AREA SCHOOL DISTRICT  
**HEALTH UPDATE/PERSONAL EMERGENCY UPDATE**

STUDENT'S  
NAME \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Email Address \_\_\_\_\_

FATHER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Email Address \_\_\_\_\_

DOES YOUR CHILD ATTEND BASD DAY CARE YES / NO

PEOPLE TO CONTACT IN THE EVENT PARENT CANNOT BE REACHED

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT'S DOCTOR \_\_\_\_\_

STUDENT'S DENTIST \_\_\_\_\_

NAME OF INSURANCE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

IMMUNIZATION UPDATE - PLEASE LIST ANY NEW VACCINES RECEIVED SINCE LAST YEAR

HEALTH UPDATE - PLEASE LIST ANY NEW OR CHANGED HEALTH CONCERNS

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**RETURN TO NURSE IMMEDIATELY**

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