

Casa Grande Union High School District #82

1362 North Casa Grande Ave. | Casa Grande, AZ 85222 | (520) 316-3360

Student Health Information – 2010-2011



MANDATORY REQUIREMENT ~ MUST COMPLETE BEFORE ATTENDING CLASSES

(a new form must be completed each school year)

Name _____ Sex: M F Grade: _____ ID#: _____
Last First

Home address _____ City _____

Home or message phone _____ Birth date _____

Father's name _____ Place of Employment _____

Work phone # _____ Cell Phone # _____

Mother's Name _____ Place of Employment _____

Work phone # _____ Cell Phone # _____

Guardian's name _____ Work Phone # _____

Person other than Parent or Guardian who may care for or transport ill or injured student:

Name _____ Phone # _____

Current medications _____

Allergies and reactions _____

Any past illnesses, injuries or surgeries that may affect school work? _____

Does the student wear glasses or contacts? Yes No Does the student have a hearing problem? Yes No

Is the student pregnant or parenting? Yes No Due date _____ Birth date of baby _____

Is student covered by an insurance plan? Yes No If yes, please check one:

Private/employee plan - Native American- Kidscare - AHCCCS -

Permission to administer medication at school:

SEE BACK

The school nurse or agent may administer the medications ordered on this form. (Cross out and initial any medications listed on the reverse side of this sheet that you DO NOT want given to your student.)

I hereby grant the CGUHSD permission in an emergency to obtain transportation (via ambulance or other authorized vehicle) to take my child to our doctor or the nearest hospital in the event that I cannot be reached.

Signature of Parent or Legal Guardian

Date

Please call the Nurse's office with any changes in information during the school year.
520-836-8500 ext. 3112 or 3113. Thank you.

