



# Raymore-Peculiar School District

PO Box 789, Peculiar, MO 64078

## HEALTH INVENTORY FORM

Dear Parent/Legal Guardian: Please complete the information below. It is very important for this information to be kept current in case of illness or injury while at school. Please let the school know all telephone number changes.

~PLEASE PRINT~

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Grade/Teacher \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Name of neighbor or local relative to be called in case parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Check all that apply:

- Asthma
- No Inhaler
- Inhaler
- Student carries Inhaler (9-12 grades only)
- Diabetes
- Insulin Pump
- Insulin injections
- Medications at home \_\_\_\_\_
- Migraines
- Seizures
- Fainting
- ADD/ADHD
- Heart Condition \_\_\_\_\_
- Other \_\_\_\_\_

**Allergies** (food, medical, seasonal, etc., include reactions)

I have received a copy of the Raymore-Peculiar Health Services. By signing this form you agree to allow the Raymore-Peculiar School District to discuss any medical information for your child with the individual(s) you have listed and release the Raymore-Peculiar School District from any liability associated with the release of this information.

Signature of Parent/Legal Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

The Raymore-Peculiar School District reserves the right to transport your child to the nearest hospital in case of an emergency.