



Chandler Unified School District
Infinite Campus
Student Emergency Health and Medical History

Student Name:
Student DOB:
Student Grade:
Student Gender:

Household Information (Please Print)

Have Updates? Fill out below with any new information. (ONLY updated Proof of Residence must be submitted with this form)

Updated Household Phone:
Updated Address:
Updated Address:

Relationship	Legal Name	Email	Phone	Remove
				<input type="checkbox"/>
				<input type="checkbox"/>

Have Updates? Fill out below with any new information.

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone:
Cell Phone:
E-Mail Address:
Gender:

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone:
Cell Phone:
E-Mail Address:
Gender:

Authorized Emergency/Non-Emergency Contacts

I give the person(s) listed below permission to pick up my child in any case of emergency or illness. Anyone listed below must be 18 years of age. Students will not be released to anyone not listed on the emergency card. Anyone else wishing to pick up your child must present written verification from the parent with a copy of the parent's ID and a telephone call to the attendance office.

Relationship	Legal Name	Email	Phone	Remove
				<input type="checkbox"/>
				<input type="checkbox"/>

Have Updates? Fill out below with any new information.

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone: ()
Cell Phone: ()
E-Mail Address:
Gender:

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone: ()
Cell Phone: ()
E-Mail Address:
Gender:

(Please see Reverse Side)



Student Name: _____
 Student DOB: _____
 Student Grade: _____
 Student Gender: _____

Health Conditions

My child has special health conditions / medical diagnosis.

Yes No

If Yes, please explain: _____

My child has allergies to certain food and/or insects.

Yes No

If Yes, please explain: _____

My child carries their own emergency medication (inhaler/epipen)

Yes No

If Yes, please explain: _____

I hereby request and give my consent for the person designated by the principal to administer Tylenol (non-aspirin) Acetaminophen to my child

Yes No

I agree that in case of serious injury, my child will be taken to the nearest hospital by ambulance if necessary, and emergency care will be provided there until I can be contacted. ANY EXPENSE OR EMERGENCY TRANSPORTATION AND/OR TREATMENT SHALL BE MY SOLE RESPONSIBILITY. I also understand that it is my responsibility to provide the school with any personal or emergency changes that occur during the school year.

Parent Signature: _____ Date: _____

DO NOT RELEASE MY CHILD TO: (Please print clearly)

Please DO NOT RELEASE MY CHILD TO THE PERSON(S) LISTED BELOW:
 Please list full names and provide the school with court orders or restrictions orders (unless already on file):

FULL NAME: _____

FULL NAME: _____

Address Release / Residency Affirmation

Do not release address, phone number, and/or e-mail address to parent organizations and/or district-related organizations.

Please choose only one option below.

I affirm that the residency information on this report is current, there are NO changes.

There are changes and I have updated the information.

Parent Signature: _____ Date: _____