

Last School Attended _____

**A.J. Lewis Greenview Elementary School
Richland County School District One**

CONFIDENTIAL HEALTH QUESTIONNAIRE FOR SCHOOL NURSE ONLY

STUDENT NAME _____ BIRTHDATE ____/____/____

MALE FEMALE RACE _____ GRADE _____ HOMEROOM TEACHER _____

ADDRESS _____

ZIP CODE _____ HOME PHONE _____

STUDENT LIVES WITH (CIRCLE ONE): MOTHER FATHER BOTH PARENTS OTHER _____

MOTHER/ LEGAL GUARDIAN'S NAME _____ EMPLOYER _____

WORK NUMBER _____ CELL PHONE _____ E-MAIL _____

FATHER/ LEGAL GUARDIAN'S NAME _____ EMPLOYER _____

WORK NUMBER _____ CELL PHONE _____ E-MAIL _____

STEP PARENT (living with child) NAME _____ PHONE # _____

LIST THE NAME(S) OF ANY SIBLINGS AT PRESENT SCHOOL: _____

HEALTH CARE PROVIDER/NURSE PRACTITIONER _____

TELEPHONE NUMBER _____ LAST PHYSICAL/VISIT _____

DENTAL CARE PROVIDER _____

TELEPHONE NUMBER _____ LAST VISIT _____ (RECOMMENDED CLEANING EVERY 6 MONTHS)

MEDICAID (CIRCLE ONE) Y / N POLICY NUMBER _____

PREFERRED HOSPITAL _____

LIST 2 AUTHORIZED PEOPLE TO ASSUME RESPONSIBILITY AND PICK UP YOUR CHILD IN CASE OF AN ILLNESS/EMERGENCY WHEN THE PARENT/GUARDIAN CANNOT BE REACHED

1. NAME _____ RELATIONSHIP TO STUDENT _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL) _____

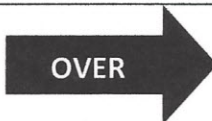
ADDRESS _____

2. NAME _____ RELATIONSHIP TO STUDENT _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL) _____

ADDRESS _____

(PLEASE COMPLETE THE BACK OF THIS FORM)



For School Nurse Only:

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Reviewed By: _____ Date: _____ School Year: _____