

천주교 성 정바로 성당 하상 한국학교
 HASANG KOREAN SCHOOL
 4712 Rippling Pond Dr, Fairfax, VA 22033 Phone: (703)968-3070

Emergency Care/Health Information

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

Student Information			
Last:	First:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
			Rising Grade:

Parent Contact Information	
Father Last: First:	Telephone Home:
Mother Last: First:	Work:
Address Street:	Cell:
City: State: Zip Code:	
Email:	

OTHER CONTACT INFORMATION			
Name	Relationship	Language	Telephone
1.			
2.			

Current Health Condition	
Below check any current health condition that may require attention during the school day.	
<input type="checkbox"/> Allergies (be specific) <input type="checkbox"/> Foods: <input type="checkbox"/> Medicines: <input type="checkbox"/> Bee Sting or insect bite: <input type="checkbox"/> Other: <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Heart Problems (be specific):	<input type="checkbox"/> Hemophilia <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Physical disability (be specific): <input type="checkbox"/> Respiratory (be specific): <input type="checkbox"/> Seizures <input type="checkbox"/> Visions Problems (be specific): <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other (be specific):

Physician Information	
My child's medical care is provided by:	_____ (telephone)
(name of doctor, clinic, or HMO)	
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by:	_____ (telephone)
(health insurance company, assistance program, HMO, etc.)	

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____