

천주교 성 정바로 성당 하상 한국학교
 HA SANG 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
			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.	
<p>— Allergies (be specific)</p> <p>— Foods:</p> <p>— Medicines:</p> <p>— Bee Sting or insect bite:</p> <p>— Other:</p> <p>— Asthma — Cancer — Diabetes</p> <p>— Hearing Problems — Hearing Aid(s)</p> <p>— Heart Problems (be specific):</p>	<p>— Hemophilia — Sickle cell anemia</p> <p>— Physical disability (be specific):</p> <p>— Respiratory (be specific):</p> <p>— Seizures</p> <p>— Visions Problems (be specific):</p> <p>— Glasses — Contacts</p> <p>— Other (be specific):</p>

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: _____