

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><input type="checkbox"/> Allergies (be specific)</p> <p><input type="checkbox"/> Foods:</p> <p><input type="checkbox"/> Medicines:</p> <p><input type="checkbox"/> Bee Sting or insect bite:</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Hearing Problems <input type="checkbox"/> Hearing Aid(s)</p> <p><input type="checkbox"/> Heart Problems (be specific):</p>	<p><input type="checkbox"/> Hemophilia <input type="checkbox"/> Sickle cell anemia</p> <p><input type="checkbox"/> Physical disability (be specific):</p> <p><input type="checkbox"/> Respiratory (be specific):</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Visions Problems (be specific):</p> <p><input type="checkbox"/> Glasses <input type="checkbox"/> Contacts</p> <p><input type="checkbox"/> Other (be specific):</p>
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Physician Information

My child's medical care is provided by: _____ (name of doctor, clinic, or HMO) _____ (telephone)

Does your child have health insurance? Yes No

If yes, medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.) _____ (telephone)

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____