

Wilson County Schools

School Health Information

This information is essential for prompt and efficient care of each student

Student's Name	DOB	Grade
Address		
Mother/Guardian Name		
Mother/Guardian Home #	Work #	Cell #
Father/Guardian Name		
Father/Guardian Home #	Work #	Cell #
List any medical conditions that are presently being monitored by a physician.		
List allergies (food, medication or seasonal) and type of reaction experienced.		
List current medications taken at home or school with the dosage and time.		
List surgeries and hospitalizations including dates.		
Date of last tetanus shot.		
List doctor's name and phone number, and hospital preference in case of an emergency.		
Doctor	Phone #	
Dentist	Phone #	
Does your child have health insurance?	Yes	No
Health insurance name	ID #	Group #
My child may be released to the following persons in case of an emergency or major disaster.		
Name	Home #	Cell #
Name	Home #	Cell #
Name	Home #	Cell #
Name	Home #	Cell #
Name	Home #	Cell #
Medication given at school requires that the appropriate forms are filled out and signed by the parent/guardian and/or physician. Medications must be brought to school by the parent/guardian in the proper container.		
Parent / Guardian Signature		Date

The Wilson County School System does not discriminate due to age, race, color, gender, national origin, disability, religion, creed, or veteran status in the provision of services, in programs or activities, or in employment opportunities or benefits. Inquiries concerning Title VI or Title IX of the Civil Rights Act should be directed to Mary Ann Sparks at (615) 444-3282. Inquiries concerning Section 504 should be directed to Julie Spies at (615) 453-7332. Inquiries concerning the American with Disabilities Act should be directed to Jill Micco at (615) 453-7332.