Sunrise Beach High School

Welcome International Students
Health Information Form

STUDENT'S FULL NAME _____

MEDICAL INSURANCE INFORMATION

Primary Medical Insurance _____ Group _____
Subscriber _____ ID# _____
Secondary/Supplemental Ins._____ Group _____
Subscriber _____ ID# _____

LOCAL EMERGENCY CONTACTS

In case of emergency or injury, if parents cannot be reached, notify (please prioritize):

1. Name:_____ Phone: _____Relationship: _____
2. Name:_____ Phone: _____Relationship: _____
3. Name:_____ Phone: _____Relationship: _____

OUT-OF-COUNTRY EMERGENCY CONTACTS

Name:_____ Phone: _____Relationship: _____
Name:_____ Phone: _____Relationship: _____

HEALTH INFORMATION

Doctor: _____ Phone: _____Date of Last Physical: _____
Address: _____Zip: _____

Please check and explain any of the following conditions that you feel may affect school performance or require special management at school:

- ❑ Drug allergies _____
- ❑ Medication being taken _____
- ❑ Medication to be regularly taken at school _____
- ❑ Allergies (specific food or other) _____
- ❑ Contact lenses _____
- ❑ Eyeglasses _____
- ❑ Heart disease _____
- ❑ Rheumatic Fever _____
- ❑ Epilepsy_____
- ❑ Emotional _____
- ❑ Convulsions _____
- ❑ Blood disease _____
- ❑ Kidney disease _____
- ❑ Hearing loss _____
- ❑ Diabetes _____
- ❑ Nosebleeds _____
- ❑ Chronic diseases _____
- ❑ Other_____