

# Shannon Middle and High School

218 East Cherry Street, Shannon, MS 38868

Phone: SMS(662)767-3986 or SHS(662)767-9566

Fax: SMS(662)767-9981 or SHS (662)767-2847

School Nurse: Beth Tedford

## School Health Information

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus #: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

Student's Address: \_\_\_\_\_

### Parent/Legal Guardian Information

Mother/Legal Guardian: \_\_\_\_\_ Father/Legal Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home/Cell Number: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_

Other Children in Home that attend Shannon Schools: \_\_\_\_\_

### Emergency Contacts

Name 2 emergency contacts in case a parent is unable to be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Student Medical Information

Student's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please indicate if student is medically covered by the following:**

Medicaid: \_\_\_\_\_ yes \_\_\_\_\_ no Health Insurance: \_\_\_\_\_ yes \_\_\_\_\_ no

Chips: \_\_\_\_\_ yes \_\_\_\_\_ no Dental/Vision: \_\_\_\_\_ yes \_\_\_\_\_ no

**Please check all that apply to student:**

\_\_\_\_\_ Wears glasses or contacts \_\_\_\_\_ Hearing Loss/Wears hearing aids

\_\_\_\_\_ Eye problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Kidney/Bladder Problems

\_\_\_\_\_ Does your child have a dental check up once a year?

\_\_\_\_\_ Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Heart Condition

\_\_\_\_\_ ADD/ADHD (Will your child be taking medication at school? \_\_\_\_\_)

\_\_\_\_\_ Allergies (Please list: \_\_\_\_\_)

**Comments:** \_\_\_\_\_

Please refer to the Lee County Schools student handbook regarding the medication policy for prescription and over the counter medication to be given at school. No medication will be given at school without an order from the student's physician.

I hereby give consent for my child to receive health screenings, first aid, and any emergency interventions needed at school.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_