

**Williamson County Schools**  
**ENCORE Health History & Emergency Form**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

**Parent/ Guardian Contact Information:**

First Person to Contact (Name): \_\_\_\_\_ Relation to student: \_\_\_\_\_

Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

Second Person to Contact (Name): \_\_\_\_\_ Relation to student: \_\_\_\_\_

Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

Who Has Custody of this Child? \_\_\_\_\_ Any Custody Issues? \_\_\_\_\_

**Other Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Frequently Checked Email Address \_\_\_\_\_ May I email with **non-emergent** incidents \_\_\_\_\_

**Health Medical Concerns:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**If peanut/tree nut allergy, please check:**

\_\_\_\_\_ may sit at table with other students

\_\_\_\_\_ is safe to sit next to someone with peanuts/nuts \_\_\_\_\_ should not sit directly next to or across from someone with peanuts/nuts

\_\_\_\_\_ will require a PEANUT/ NUT FREE TABLE

**Other Allergies:** \_\_\_\_\_

**\*If a child's allergy or medical condition will require him/her to have emergency medication (ex. Benadryl, Epi-pen, Diastat, Inhaler) kept in the clinic during the camp session it is the responsibility of the parent /guardian to do the following:**

- **Day 1 of camp to bring in any required medications.**
- **Make sure they are in a plastic baggie labeled with the child's first and last name.**
- **If more than one medication please put all of them together into 1 large gallon size zip lock bag labeled with the child's first and last name.**
- **Sign all medications in with the camp nurse.**
- **Pick up all medications on last day of camp. Any medications that are not picked up will be properly discarded.**

I give authorization for my child to receive emergency medical treatment from a medical provider if he/she is seriously injured or ill while in school and/or on school field trips.

Relevant health information will be shared only as necessary to maintain and promote the student's health and safety.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date