

Exeter West Greenwich Sr. High School Health Information
Contact Person: Mr. Gregg Charest (401) 651-7916

Student Name: _____ DOB: _____ Date: _____

Address: _____ Home Phone: (____) _____

Health Insurance Provider: _____ Policy Number: _____

Name of primary account holder: _____

In the event of illness, or an emergency, please list persons to be notified:

Parent/Guardian Names: _____

Emergency Contact Phone: _____ Alternate Number: _____

Alternate Emergency Contact Person: _____

Alternate Emergency Contact Phone: _____

MEDICAL HISTORY:

Allergies: _____

Symptoms: _____

If allergies are severe, list treatment: _____

Please list any and all medications taken on the reverse side of this form.