

**Independence Charter School  
1600 Lombard Street  
Philadelphia, PA 19146  
2009-2010 School Year  
Office of School Nurse**

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

Grade/Teacher \_\_\_\_\_ Date Form is being Completed \_\_\_\_\_

Please note below AND indicate whether the problem(s) still exist if your child has a history of any of the following health problems:

- \*serious allergy
- \*serious illness
- \*serious injury
- \*major surgery
- \*physical handicap
- \*emotional problems
- \*learning disabilities
- \*other medical condition of which the school should be aware

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Medication(s) prescribed by physician: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**MEDICAL INFORMATION:**

Student's Physician:  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Student's Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies and/or Special  
Conditions: \_\_\_\_\_

Please feel free to contact the school nurse's office at 215-238-8000 extension 2232 if you have any questions, if you would like to schedule a confidential appointment, and/or if the school nurse can be of assistance. *Thank you very much for your cooperation.*