EMERGENCY INFORMATION

Date_____________

PARENTS/GUARDIANS

Please complete all the information requested below. This information is needed in order to update files and respond to emergency situations while your child is in school. Please remember to notify us of any changes in this information.

____ ________________ ______________________

Student Name Grade Date of Birth

____ ______________________

Student Address (include city and zip code) Home Phone Bus Number

Child lives with: _______ Both Parents _______ Mother _______ Father _______Other _____________________

Parent's e-mail address ___________________ Should your child be wearing glasses in school? _______Yes _______No

____

Father's Name Father's Home/Cell # Father's Employer Father's Work #

____

Mother's Name Mother's Home/Cell # Mother's Employer Mother's Work#

NAME OF LOCAL PERSON TO CONTACT IF PARENTS ARE NOT AVAILABLE (MUST BE COMPLETED):

______________________________ _________________ _______________________________ ______________________

Name Relation Address Phone Number

BROTHERS AND SISTERS IN SCHOOL

Name Building Grade Name Building Grade

____ ____

____ ____

Is there anyone with whom you do not permit your child to leave the building? EXPLAIN:

____

Is there anyone in the building we can send homework with when your child is ill: Name ___________________________Grade ______

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HEALTH DATA

Medical conditions the school nurse should be aware of: ____

Asthma? Yes___ No ___ Requires asthma medication:____

Severe bee sting reaction? Yes____ No____ Latex Allergy? Yes____No____ Other Allergies?________________________________

For Allergies Listed Above: Requires an Epi-pen? Yes____ No_____Requires Benadryl? Yes_____ No____

Other medical conditions:____

Medication student is taking:____

Communicable diseases currently, or in the past year:____

The school nurse has my permission to administer the following to my child: (Please mark with an X if you give permission. No mark will mean that no permission is given.)

_______Ibuprofen _______Tylenol _______ Aleve _______Tums _______Cough Drop _______Benadryl _______ First Aid

I HEREBY RELEASE THE SCHOOL DISTRICT, THE SCHOOL NURSE, OR OTHER EMPLOYEES OF THE DISTRICT FROM ANY LIABILITY AS A RESULT OF THIS TREATMENT. BY SIGNING THIS FORM, I GIVE PERMISSION FOR THE NURSE TO SHARE MEDICAL INFORMATION WITH DISTRICT PERSONNEL USING A CONFIDENTIAL MEDICAL PRIORITY LIST TO BETTER CARE FOR MY CHILD.

____ ____

Signature of parent /guardian Date

__________________________________ ______________ ______________________________ ________________

Child's Doctor Phone Number Child's Dentist Phone Number

EMERGENCY RELEASE

IF EMERGENCY TREATMENT IS REQUIRED AND PARENTS CANNOT BE CONTACTED IMMEDIATELY, YOUR SIGNATURE IN THE SPACE PROVIDED EMPOWERS THE SCHOOL AUTHORITIES TO EXERCISE THEIR OWN JUDGMENT IN CALLING THE PHYSICIAN INDICATED ABOVE, OR IF NOT AVAILABLE, TO TRANSPORT THE CHILD TO THE HOSPTAL EMERGENCY ROOM OF YOUR PREFERENCE.

______________________________________ ________________________________ ___________________

Hospital Preference Parent/Guardian Signature Date

- **EMERGENCY DISMISSAL PROCEDURES**

In case of an emergency early dismissal your child should know what to do. Please write instructions in the event that we dismiss early. Teachers will keep this on file and use as a reminder. These procedures should, if at all possible, avoid the use of the school phone.

_______Child should go home as usual. _______ Child should follow these procedures: (Write procedures here or on back if necessary).