

**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
<b>BROTHERS AND SISTERS IN SCHOOL</b>			
Name	Grade	Name	Grade
Building		Building	

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 \_\_\_\_\_

**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 HOSPITAL 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).