

STUDENT EMERGENCY INFORMATION FORM

Please complete this form for each of your children so that the school will be better prepared to deal with the special health/medical needs of your child/ren.

Child's Name: _____ Date of Birth: _____

1. Apart from vitamins, is your child taking any medicine, tablets, drugs, allergy injections?

Yes _____ No _____ If yes, what? _____

Reason for medication: _____

2. Is your child going to a hospital, clinic or doctor at the present time?

Yes _____ No _____ If yes, who/where? _____

Why: _____

3. Does your child have any allergy to anything such as foods, plants, insects, medicine?

Yes _____ No _____ If yes, what? _____ **Is it life threatening?** _____

Reaction: _____

4. Has your child had any convulsions or seizures (sometimes called "fits" in the past year?

Yes _____ No _____ If yes, how many? _____ Treatment: _____

5. Does your child need a special diet or have any food problems?

Yes _____ No _____ If yes, please explain? _____

6. List any operations or serious illness that your child has had. Please include dates or

approximate age: _____

7. Does your child have any special needs or problems about which the school should be aware of other than those already mentioned?

Yes _____ No _____ If yes, please explain? _____

See Reverse

Insurance Information

Child's Physician	
Physician's Phone:	
Insurance Company:	
Insurance Company Phone:	
Policy Number:	
Group Number:	
Identification Number:	
Policy Holder:	
Employer:	

IN CASE OF AN EMERGENCY REQUIRING IMMEDIATE MEDICAL TREATMENT, I give my permission to transport this student, if necessary, to the nearest Hospital. If an ambulance is necessary, the closest service will be called.

I assume the responsibility for payment. _____
Signature of Parent/Guardian
Date

I consent to the following emergency procedure by the Emergency Room personnel, when necessary:

Blood withdrawal and urine test. _____
Signature of Parent/Guardian
Date

I consent to the following medication being distributed to my child by the school personnel as needed. I understand that for medication that must be taken on a long-term basis (both prescription and over-the-counter) I must get a form signed by my child's doctor. This form is available in the school office.

Please sign below if you give consent for the school to provide the following to your child/ren:

Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), Tums, Neosporin, Benedryl Spray, Cortizone Cream, Cough Drops, Forehead or Ear Thermometer

Yes, I consent: _____
Signature of Parent/Guardian