

EMERGENCY CONTACT INFORMATION 2011-2012

Please return to school nurse within 3 days

Student's Name _____ Grade _____
Last First M.I.

Address _____

Date of Birth _____ Home Phone _____

Mother's Name _____ Home phone if different _____

Place of employment _____ Work phone _____ Cell phone _____

Father's Name _____ Home phone if different _____

Place of employment _____ Work phone _____ Cell phone _____

Name of parent(s)/guardian with whom student resides _____

Persons who have agreed to care for and/or transport your child when parent or guardian cannot be reached. Name of siblings should be included if they will providing transportation.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Doctor's name _____ Phone _____

Dentist's name _____ Phone _____

Does your child have: Health insurance? YES NO (please circle one) Dental insurance? YES NO

Is your child allergic to any **foods** or to **bee, hornet, or wasp stings**? _____

Type of reaction: Breathing problem? _____ Local reaction? _____ Other _____

If yes, please explain more about the reaction and what is the prescribed treatment? _____

Does your child have any special medical concerns or is he/she under the care of a physician? _____

If yes, please explain: _____

Does your child need medication during the school day, or is he/she on **any type of medication** or is he/she **using an inhaler**?

If yes, please explain: _____

No medications will be given (including Tylenol, Advil, etc.) until a written order is received by the school nurse from a licensed physician and a signed parental consent form is completed. Students should not carry any type of medication, including Tylenol, Advil, etc.

Does your child have any known handicaps, such as a hearing loss, eyeglasses required, etc.?

If so, please explain: _____

Does your child need front seating due to impaired hearing or eyesight? _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs:

Parent Signature: _____ Date: _____