

EMERGENCY CARE INFORMATION

In the case of an emergency, the school staff will contact 911. Every attempt will be made to contact a parent, a guardian or a designated emergency contact. 2016-2017

	STUI	DENT IN	FORMATION			
Last:	First:	Middle:	Dat	e of Birth:	Gender:	Grade:
			Bus	# (AM)	Bus # (PM)	
Student has medical alert i	nformation on file.			-		
	PARENT/GUAR	DIAN CO	ONTACT INFO	RMATION	,	
This form is to be completed by legal guardian with whom the s	the resident parent/gua	rdian. Th	e resident pare		natural or adoptive	e parent or
Enrolling Parent/Guardian Last				Middle:	Teler Home:	hone
Street Address: (If providing PO Box, must also provide street address). Apt. #					Work:	
-	·			•	Cell:	
City:	Sta	State: Zip:			Language	
Employer:						
Relationship: ☐ Mother ☐ Father ☐ Le ☐ Foster Parent ☐ Other	egal Guardian	Res	sides With Yes	Email:	·	
Other Parent/Guardian Last:	Fire	st:		Middle:	Telep	hone
					Home:	
Street Address: (If providing PC	Box, must also provide s	street ad	dress).	Apt. #	Work:	
					Cell:	
City:	Sta	ite:		Zip:	Lang	guage
Employer:		1				
Relationship:		Should			out the school year	:
☐ Mother ☐ Father ☐ Le			Yes	No No		
☐ Foster Parent ☐ Other		Email:				
Other Parent/Guardian Last:	Fire	st:		Middle:	Teler Home:	hone
Street Address: (If providing PO	Box, must also provide s	treet add	dress).	Apt. #	Work:	
					Cell:	
City: St		ate: Zip:			Lang	guage
Employer:						
Relationship: ☐ Mother ☐ Father ☐ Le	onship: Should contact receive mailings throughout the school year: other Father Legal Guardian Yes No		:			
☐ Foster Parent ☐ Other		Email:				
Other Parent/Guardian Last:	Fire	st:		Middle:	Teler Home:	hone
Street Address: (If providing PO Box, must also provide street address). Apt. #				Work: Cell:		
City:	Sta	ite:		Zip:		guage
Employer:				<u></u>		,
Relationship: Mother Father Le	ogal Guardian	Should	contact receive	e mailings through	out the school year	:
Foster Parent Other		Email:		LINU		
Please list at least two people we m	nay call if the parent(s) or gu	uardian(s)			n emergency. These p	eople also
Name of Person	Relationship		Lai	nguage	Telepho	one
						-

MEDICAL HISTORY (Your child's medical condition will be shared with necessary school personnel unless otherwise indicated). Please check any medical condition that pertains to your child and provide an explanation.

Condition	Yes	Comments	Condition	Yes	Comments
ADD/ADHD			Cardiovascular		
Allergy:			Diabetes		
Bee Sting			Gastrointestinal		
Drug			Hearing Disorder/Deafness		
Food			Migraines		
Latex			Orthopedic Disorder		
Peanut			Seizure Disorder		
Seasonal			Vision Disorder		
Tree Nut			Other		
Asthma			Other		

Boo oung		Gastronitestinal			
Drug		Hearing Disorder/	Deafness		
Food		Migraines			
Latex		Orthopedic Disord	der		
Peanut		Seizure Disorder			
Seasonal		Vision Disorder			
Tree Nut		Other			
Asthma	-	Other			
Additional Information:					
Physician's Name			Telephone		
MEDICATIONS TAKEN AT H Please list the name and rease regular basis.		ation, <i>prescribed or ove</i>	r-the-counter, that yo	our child is receiving on a	
<u>Name</u>	Rease	<u>on</u>	Dose	<u>Times</u>	
t hat any medication/ s <u>NOT</u> on My child may NOT be given ar My child may be given (please	ny medications w	hile at school:	der to be given at s	school/camp.	
Medication	<u>Initial</u>	<u>Dose</u>			
Acetaminophen (Tylenol)	<u>iiiitiai</u>	<u>Dose</u>			
buprofen <i>(Advil)</i>					
Antacid (Tums)					
Benadryl (Severe Allergic Reaction					
f you do not indicate a dose, i		ered according to the st	udent's age/weight.		
Parent/Guardians release the Far arising out of the dispensing of m					
n the event of an emergency nereby authorize any physicia his student.					
The undersigned have read the consents herein stated.	is Medical Autho	rization Consent Form a	and declare and affir	m that I/we agree to the	
Parent/Guardian – Please Prir		Signature		 Date	

Parent/Guardian - Please Print Signature Date Student's Signature (only if student is 18 or older) Date