

Student Emergency Form

Student Name _____ D.O.B. _____

Student Address: _____

Home Telephone # _____ Cell # _____

Parent/Guardian name _____ Relationship to student: _____

Parent/Guardian Address _____ Home # _____

Parent/Guardian cell # _____ work # _____

Please provide two emergency contacts who you authorize to dismiss the student:

Name: _____ Phone# _____ Relationship _____

Name: _____ Phone# _____ Relationship _____

In the event of an emergency, the parent/guardian will be contacted and the student will be transported to the nearest hospital.

Please answer the following questions:

Does the student have medical insurance? _____ Insurance name: _____

If you do not have insurance you may call the Nurse's office to receive information on where to receive assistance.

Does the student have any allergies? _____ To what? _____

Does he/she take medication for these allergies? _____ What medication? _____

_____ Does student have an Epi pen? _____

What allergic reaction should we be aware of: _____

Is the student being treated for any of the following conditions? (Please check all that apply.)

Asthma _____ Glasses _____ Contact lenses _____ Fainting _____ Seizures _____ Scoliosis _____

Diabetes _____ Heart Problems _____ Hearing problems _____ Kidney problems _____

Are there any other medical problems we should be aware of? _____

Is the student taking any medications on a daily basis _____ If yes, name & dosage _____

Name of student's doctor? _____ Tel. # _____

Name of student's dentist? _____ Tel. # _____

I give permission to the School Nurse to share with school personnel, when appropriate, medical information as she deems necessary for the student's health and safety.

Parent/Guardian Signature: _____ Date: _____

(Important: If there are any changes in the above information please notify the School nurse.)