Emergency and Medical Information 2017-18

Child's Name:			
Grade:	Date of Birth:	Age:	Sex: ☐ Male ☐ Female

Mother or Guardian

Please check if your name or address have changed ☐		
Name:	Home Address:	
Primary Phone:	Secondary Phone:	Business Phone:
Email Address:		
Legal Custody ☐	Lives With ☐	Receives Mailings ☐

Father or Guardian

Please check if your name or address have changed ☐		
Name:	Home Address:	
Primary Phone:	Secondary Phone:	Business Phone:
Email Address:		
Legal Custody ☐	Lives With ☐	Receives Mailings ☐

Additional individuals who have my permission to collect my child from the facility:		
Name:	Cell Phone:	Home Phone:
Name:	Cell Phone:	Home Phone:
In case of injury or sudden illness, and parent/guardian are unreachable I request that the following individual be called: Name & Phone:		

The following individual(s) may **NOT** remove my child from the facility:
Name(s):
Custody papers have been provided are on file at the facility: ☐ Yes ☐ No

Medical Information

Is the child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	☐ No	☐ Yes
Is the child usually susceptible to infections and, if so, what precautions need to be taken? If yes, list precautions:	☐ No	☐ Yes
Is child subject to seizures or convulsions and what should be our procedure if one occurs? If yes, specify procedure:	☐ No	☐ Yes
Is there any physical or medical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, asthma, diabetes etc.)? If yes, list precautions:	☐ No	☐ Yes

If you have answered "yes" to any of the above, please provide a written health care plan prescribed by your physician. Blank health care plans are available in the health office.

Please place a check in the box next to any medication indicating your permission to allow the school to dispense such medication to your student: ☐ Ibuprofen ☐ Cough Drops ☐ Tums ☐ Hydrocortisone Cream/Benadryl Spray ☐ Tylenol ☐ Neosporin Ointment ☐ Clear Eyes Drops ☐ Antihistamine/Benadryl

Other Special Instructions:

Any other medication that you want your child to take at school must be provided by you in the original container or prescription bottle. When you bring the medication in you will need to sign a separate medication permission form, which can be obtained from the Health Office.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

This **Emergency Information and Immunization Record** are accurate and complete, and was provided by:

Parent/Guardian PRINTED Name:	Signed Name:	Date: