

School Nurse Emergency Information

School Year _____

Teacher/Grade _____

Student emergency contact information should be accurate and current. This form needs to be completed upon registration and at the start of each school year. Thank you for your cooperation.

Student's Name _____ Sex _____ Birth date _____

Home Address _____ Home phone _____

Parent/Guardian _____ Address _____ Cell phone _____

Employer _____ Work phone _____

Parent/Guardian _____ Address _____ Cell phone _____

Employer _____ Work phone _____

In an Emergency, if parents cannot be reached, the school is authorized to contact:

Name _____ Address _____ Relationship _____ Phone _____

Name _____ Address _____ Relationship _____ Phone _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Please list medications your child regularly takes at home or school _____

Please check all that apply to your child:

Severe allergy requiring EpiPen (food/insects/meds/environmental) _____

Allergies - other _____

Asthma Diabetes Seizures Migraines Heart Condition ADD/ADHD

Vision problem glasses contacts Hearing problem Right ear Left ear

Any significant illness/injury/surgery in the past year _____

Other health condition- specify (please use reverse side if needed) _____

If your child requires medication or special care at school, please contact the nurse. A signed order from a licensed prescriber and written parental permission is required for medicine or treatment given at school (except as noted below).

I give permission for the School Nurse to administer the following medication to my child per Physician Standing Orders:

Acetaminophen (Tylenol) Yes No

Ibuprofen (Motrin/Advil) Yes No

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical emergency personnel when needed to meet my child's health and safety needs. Yes No N/A

Parent signature _____ Date _____