

SCHOOL NURSE EMERGENCY INFORMATION

Student Emergency 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 Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Bus # \_\_\_\_\_ School Year 2019-2020

Parent/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_

In case of an emergency, if parents cannot be reached, the school is authorized to contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor \_\_\_\_\_ Office # \_\_\_\_\_

Dentist \_\_\_\_\_ Office # \_\_\_\_\_

Please list medications your child takes at home or at school \_\_\_\_\_

Please check all that apply to your child:

Severe allergy requiring EPIPEN -please list food/ insects/meds/environmental \_\_\_\_\_

Allergies -other \_\_\_\_\_

Asthma \_\_\_ Diabetes \_\_\_ Seizures \_\_\_ Migraines \_\_\_ Heart Condition \_\_\_ ADD/ADHD \_\_\_\_\_

Concussion history and date \_\_\_\_\_ Hearing problems \_\_\_\_\_ Right ear \_\_\_ Left ear \_\_\_\_\_

Any significant illness/injury/surgery in the past year \_\_\_\_\_

Other health condition – specify \_\_\_\_\_

If your child requires medication or special care at school, please contact the school nurse. A signed order from a licensed prescriber and written parental permission is required for medication 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 personnel when needed to meet my child's health and safety needs. \_\_\_ Yes \_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_