

SCHOOL HEALTH SERVICES - STUDENT EMERGENCY INFORMATION

SCHOOL YEAR_____

Name of Child_____ Date of Birth_____ Grade _____

Home Address_____ Phone_____

Child Lives with_____

Mother/Guardian Name_____ Cell_____

Mother's Place of Employment _____ Phone _____

Father/Guardian Name_____ Cell_____

Father's Place of Employment _____ Phone _____

*****Please Note: Students must be picked up within 1 hour to ensure the health and safety of your child, other students and staff.**

Designated contact person if parent/guardian is unable to be reached during school hours in case of emergency, illness, or injury. This person is authorized to pick up the student from school as needed:

Name_____ Relationship_____ Phone _____

Name_____ Relationship_____ Phone _____

Name_____ Relationship_____ Phone _____

Health Care Provider _____ Phone_____

Hospital of Choice_____

Does your child have health insurance? Yes_____ No _____

If yes, type of insurance - Private Ins. _____ Husky _____

Is your child taking any medication? yes_____ no_____

Name of medications_____

Medication Allergies and Symptoms_____

Food allergies and symptoms_____

Food allergy requires use of Epipen/Benadryl: yes_____ no_____

Severe Bee Sting Allergy: Requires use of Epipen /Benadryl: yes_____ no_____

Asthma: yes_____ no_____ If yes: Mild_____ Moderate_____ Severe_____ Exercise

Induced_____ Date of last episode_____ Asthma Medication: yes_____ no_____

Seizures: yes_____ no_____ Date of last seizure _____ Type_____

Diabetes: yes_____ no_____ Use of insulin pump_____ pen_____ injection_____ other_____

Other special medical needs/considerations_____

I authorize exchange of information between the school nurse and health care provider.

I authorize the school nurse or school personnel to arrange for medical assistance or transportation to a hospital at my expense if needed. I understand that I must notify the school office and the school nurse with any changes of the information above.

Parent / Guardian Signature _____ **Date** _____

PLEASE NOTIFY THE SCHOOL OFFICE AND SCHOOL NURSE WITH ANY CHANGES.

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