Clinic Emergency Information

It is important to have current contact information for each student in case of sickness or injury.

Sick students should not attend school. Please exclude them if they have a fever, vomiting or diarrhea within 24 hours of school time.

Name____**Date of Birth**____________________
(Last) (First) (Middle)

Address____**Home Phone #**____________________

School__________________________ **School Year**____________ **Grade/Teacher**__________________________

(Circle one) Student lives with: Both Parents; Mom, Dad, Other____________________ **Are both parents authorized to pick up? Yes No**

Parent/Guardian__________________________________ **Parent/Guardian** __________________________________

Place of Employment ______________________________ **Place of Employment**______________________________

Daytime Phone Number______________________________ **Daytime Phone Number**______________________________

The following people are also authorized to pick up my child in case of illness or injury:

Name______________________________ **Daytime Phone**______________ **Work/Cell #**________________

Name______________________________ **Daytime Phone**______________ **Work/Cell #**________________

Name______________________________ **Daytime Phone**______________ **Work/Cell #**________________

***Allergies**____

Type of Reaction____

******Please list Current Health Needs and/or Significant Health History that nurse/teacher needs to be aware of.**

If special procedures/treatments are needed during school a form must be completed by the physician.

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Current Medications______________________________________ Med. to be given at school? YES/NO

Permission to administer the following protocol medications while your child attends this school will be verified below.

If there are any changes, please contact the school nurse.

Acetaminophen, Antacid, Bacitracin Ointment, Cough Drops, Diphenhydramine (for allergic reactions), Hydrocortisone Cream 1%, and artificial tears.

(Nurse will mark through those you do not wish student to have.)

Call Date__________ Person Contacted____________________________ Nurse Initials______________

This student has: (circle one) Private Health Insurance; School Insurance; Both; No Insurance

In case of emergency, I/we give permission for authorized school personnel to have my child transported to the hospital by EMS if the parent/guardian cannot be reached. In such case I would like my child transported to:

____________________________ Health Insurance Information For Hospital______________________________

X______________________________ __________ ______________________________

(Parent/Guardian Signature) (Date) (Student's Physician and Telephone #)