

BEA Elementary School District Emergency Contact and Health Information Form
2022-2023

Grade _____ HR/Teacher _____ Bus # _____ Date _____

Student's Name _____ Date of Birth _____ Sex M or F
Street Address _____ City _____ Zip _____

Parent/Guardian Information: Please place a 1 or 2 in front of Mother or Father to indicate the order you want a parent called

____ **Mother's Name** _____ Home Phone _____ Cell # _____
Mailing Address _____ City _____ Zip _____
Employer _____ Work Phone _____ Email _____

____ **Father's Name** _____ Home Phone _____ Cell # _____
Mailing Address _____ City _____ Zip _____
Employer _____ Work Phone _____ Email _____

Student Lives With _____ Both Parents _____ Mother _____ Father _____ Other guardian/relative
If separated or divorced..... Who is the custodial parent(s) _____
Who has educational rights(s) _____

If separated or divorced, who is to receive mailings (letters, reports, forms, etc) _____ Mother _____ Father _____ Both

Please list any brothers or sisters who are BEA students, including the name and grade level of their school

Name _____ School/grade _____
Name _____ School/grade _____
Name _____ School/grade _____

Please list, in the order to be called, (2) nearby adults (relatives, friends, or neighbors) who are available during the school day and who have your authorization to provide transportation and assume responsibility for your child if they need to leave school for illness, injury or an early dismissal if those listed above cannot be reached.

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____

Elementary Students:

Does your child go to a caregiver after school? _____ Yes _____ No

Caregiver's Name _____ Address _____ Phone _____

Does your child have internet at home? _____ Yes _____ No

If there is a school closing, where should your child be sent (must be within your child's school area):

Name _____ Address _____
Phone _____ Bus # for this location _____

The above information will be shared via our computerized student record system with faculty, staff and administrators. The phone numbers listed above will be used to notify parents regarding medical emergencies, school closing and other unscheduled interruptions to the school schedules. **The Health History information is confidential, however, the school nurses may share this information with other school personnel if necessary to insure the student's health, safety and classroom success.**

Health History

It is the responsibility of the student's parent(s) to notify their child's bus/van driver and extracurricular advisors/coaches of any significant medical/health issues that they need to be aware of.

Student's Physician _____ Student's Dentist _____

List all medications that your child is taking at home and/or school (names, dosages, how many times day, purpose)

Name of medication and/or food allergy _____

Is your child allergic to bees? Yes or No

Is your child required by his/her physician to carry an Epinephrine Auto-Injector while at school? Yes or No

If yes, circle the reason why. Bee sting allergy Food allergy Other (give details) _____

Has your child been diagnosed by a physician with asthma? Yes or No

Will your child be carrying an inhaler at school for his/her asthma? Yes or No

If yes, please list the name of the inhaler _____

Please circle any/all of the following conditions that your child has been diagnosed by a physician as having

Arthritis/Lupus	Cerebral Palsy	Migraine Headaches
ADD/ADHD	Color Blind	Polycystic Ovarian Syndrome
Bladder/Urinary Condition	Cystic Fibrosis	Seizure Disorder
Blood/Clotting Disorder	Diabetes Type I (uses insulin)	Sickle Cell Disease
Cardiac (Heart) Condition	Diabetes Type II (takes oral medication)	Spina Bifada
	Other (name) _____	Tourette's Syndrome

BEA Elementary School Students Only

According to the BEASD's Medication Policy and School Physician's Standing Orders, Benadryl and Epinephrine may be administered in the event of an allergic reaction. Per our school physician a current (2020-2021) BEA Elementary School District Emergency Contact & Health Information Form must be completed and signed by a parent and be on file with the school nurse.

Benadryl (25mg) for the following reasons: Mild allergic reactions per the BEA school district standing orders.

Epinephrine Auto-Injector (0.15mg - 0.3mg): Severe allergic reactions per the BEA school district standing orders.

I give my permission for the school nurse or other designated school health personnel to give my child the medications named above, according to the terms stated on this form.

Parent/Guardian Signature

Date