

MIDD-WEST SCHOOL DISTRICT

EMERGENCY FORM

Grade: _____

Student Name: _____
Last First Middle

Student Address: _____
Residence Address Mailing Address City Zip Code
(if not the same as residence)

Date of Birth ____/____/____ Sex: M F Home Telephone: (____) _____

Student lives with: (Check all that apply)

Mother Step Mother Grandmother Foster Mother
Father Step Father Grandfather Foster Father Specify Other: _____

Parent(s) are: (Check that apply) Married Divorced Separated Deceased _____

Mother's Name: _____

Mother's Address: **(If not the same as student)** _____

Mother's Cell Phone: (____) _____

Mother's Home Phone: (____) _____

Mother Employed by: _____ Shift: _____

Employment Phone: (____) _____

Father's Name: _____

Father's Address: **(If not the same as student)** _____

Father's Cell Phone: (____) _____

Father's Home Phone: (____) _____

Father Employed by: _____ Shift: _____

Employment Phone: (____) _____

AUTHORIZATION IN THE EVENT OF AN EMERGENCY, ILLNESS OR INJURY IF PARENTS ARE NOT AVAILABLE NOTIFY:

First Contact (Relationship) Telephone: (____) _____ Home/Cell
(____) _____ Cell/Work

Second Contact (Relationship) Telephone: (____) _____ Home/Cell
(____) _____ Cell/Work

Family Health Care/Physician: _____ Telephone: (____) _____

Hospital Choice: _____

Note: In extreme emergency, the student will be taken to the nearest acute care facility.

____ I do give my permission to share the above information with school/health officials for the benefit of my child.

____ I do not give my permission to share the above information with school/health officials for the benefit of my child.

• Confidential medical information that is not permitted to be shared with school officials should be submitted directly to the School Nurse in a sealed envelope.

Parent/Guardian Signature: _____ Date: _____

***Continue on the back and Please sign.**

MIDD-WEST SCHOOL DISTRICT
DISPENSING OF MEDICATION FORM
2016-2017

Name of Student: _____

Grade: _____

List all medication allergies: _____

Explain reaction: _____

Has your child received any immunizations in the last year? If yes, secure an update from your health provider and submit to your child's School Nurse so we can update his/her immunization records.

MEDICATION PERMISSION

I give permission for my child, to receive the following medications from the School Nurse/designee, when indicated, in school. I release the Midd-West School District and personnel from all liability in medicating my child. These non-prescription medications will be used for minor complaints and are **NOT intended for continuous, frequent use**. School personnel will administer these medications at their discretion and have the right to refuse to medicate. Students requiring medication on a regular basis for a documented medical condition should complete a school medication form and bring in properly labeled bottle as directed in the school medication policy.

Please check:

Acetaminophen	(Generic Tylenol)	YES _____	NO _____
Generic Antacid	(Generic Tums)	YES _____	NO _____
Cough Drops/Throat Lozenge	(Generic)	YES _____	NO _____
Ibuprofen	(Generic Advil)	YES _____	NO _____
Benadryl	(Dose based on weight)	YES _____	NO _____
Epipen	Used for life threatening allergic reactions only	YES _____	NO _____

If you choose NO to Epipen an Opt Out form must be completed. One will be mailed to you.

Signature of Parent/Guardian

Date

Please list/update any health conditions your child may have which the school personnel should be aware.

	Yes	No	Explain
Glasses/Contacts/Hearing Aids			
Daily Medications			
Allergies (Medications/Food/Seasonal/Insect)			
Heart/Lung Problems/Asthma (Medications)			
Diabetes			
Neurological Problems/Convulsions			
Stomach/Kidney Problems			
Skeletal Problems/Scoliosis			
Skin Problems			
Other: (Please Specify)			

The above health information is provided to ensure that my child will have a safe and healthy school experience. At times, this confidential information may need to be shared with others on a need-to-know basis. I give permission for this information to be shared if necessary with emergency/hospital personnel, chaperones during school-sponsored trips, teachers, bus drivers, administration, counselors, playground/cafeteria aides, coaches, and/or as needed with other school personnel involved with my child.

Signature of Parent/Guardian

Date

Please notify the School Nurse immediately if any changes in the above information occur during the school year.