

Emergency Medical Information
Read and Complete Carefully

In the event of any emergency and so that we may accurately handle all health care needs , we are asking that you complete this medical information/treatment form. Please be advised that should an emergency arise, you will be notified immediately.

Student's full name _____

Date of Birth _____

Address _____

Phone (H) _____ (C) _____

Parent/Guardian #1 _____

Phone (H) _____ (C) _____

Parent/Guardian #2 _____

Phone (H) _____ (C) _____

If the above cannot be reached, please notify:

Phone (H) _____ (C) _____

Primary insurance carrier for the student:

Company name: _____

Policy No.: _____

Policy holder's name _____

I hereby give permission to the person in charge to allow hospital personnel and/or a licensed nurse or physician to perform emergency treatment if necessary.

Parent/Guardian signature: _____ Date _____

I hereby give permission to the person in charge to transport my child to or from a doctor and/or hospital for emergency treatment.

Parent/Guardian signature: _____ Date _____

Please complete both sides.

General Information

1. Are there any physical activities in which your child should NOT participate?
Yes ____ No ____ If yes, please give details (this information is confidential).

2. Are there any conditions which may warrant special consideration, such as diet needs or restrictions, emotional problems, sleepwalking, etc.?
Yes ____ No ____ If yes, please give details (this information is confidential).

Medical Information

Child's allergies, if any (medications, insects, foods, etc.)

Describe reaction _____

May your child be administered Tylenol or Advil if necessary? Yes _____ No _____

Is your child currently taking medication? Please check below.

- 1. Prescription medication
- 2. Non-prescription medication
- 3. No medication

IF YOU CHECKED 1 OR 2 ABOVE, PLEASE COMPLETE BELOW:

Name of medication(s) and dosage _____

Reason for taking medication(s) _____

Time(s) medication(s) is to be administered _____

IMPORTANT: Both prescription and non-prescription medications sent for the child must be labeled with the child's full name and instructions for administration of the medication. All medications, both prescription and non-prescription, must be in the original container. Prescription drugs must have a legible pharmacy label. A note from the parent granting permission to administer medication to the child must accompany all medication. All medication and notes must be given to the nurse in charge upon the morning of departure.