

ELEVA-STRUM SCHOOL DISTRICT: EMERGENCY INFORMATION

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

If your child is injured or becomes ill and we are unable to contact you, list people you give permission to pick up and care for your child until you are available.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Health Information/ Treatment:

List any health conditions past or present, school personnel should be aware of. Describe severity of the problem and recommended treatment. Examples: Bee sting allergy – developed redness at site; Peanut allergy – throat tightened – has an Epi-Pen; ADHD – takes Ritalin; Absence Seizures – no seizure for 2 years; Asthma – uses inhaler when he has a cold. *(Please understand that if the student is required to have medication at school additional forms need to be completed and turned in to the school nurse).*

\_\_\_\_\_  
\_\_\_\_\_

Vaccines: List any vaccines your child received in the past year \_\_\_\_\_

I understand that this information is confidential and will be kept on file at my child's school. I give permission for this information to be released to any school personnel who will be working with my child or supervising activities in which my child is involved.

I do \_\_\_ do not \_\_\_ authorize school personnel to transport my son/daughter to a physician's office and/or emergency room in the event that emergency medical care is needed and we are unable to contact parent.

I do \_\_\_ do not \_\_\_ authorize physician and hospital staff to treat your son/daughter as they deem necessary in the emergency situation of unable to contact parent.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date