EMERGENCY INFORMATION FOR HEALTH OFFICE USE

Last Name:	Middle Name:	First Name:

Grade	Homeroom/Advisory	Date of Birth

Primary Parent/Guardian Name(s)	Phone Number(s)
Secondary Parent/Guardian Name(s)	Phone Number(s)

Emergency Contact Information - In the event that the parents are unable to be reached, please list the names of 3 adults who will assume responsibility for your child and are able to be reached during school hours.

Emergency Contact Name	Home/Cell Phone	Relationship
Emergency Contact Name	Home/Cell Phone	Relationship
Emergency Contact Name	Home/Cell Phone	Relationship

HEALTH OFFICE INFORMATION

Family Doctor's Name:	Phone:
Dentist's Name:	Phone:
Specialist's Name:	Phone:

Does your child have health insurance? Yes No

Please list **all** medical concerns and allergies (including reactions) that health office staff needs to be aware of – as medical conditions change, please update this information with the health office staff.

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List **all** medications that your child takes at home and at school (in case of emergencies, it is important to have this information available for rescue and hospital personnel). Please include medication(s) name, dosage and times of day taken. Please list even if condition/medication has been listed in previous years.

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Before any medication can be given at school/school functions, a MEDICATION ADMINISTRATION FORM must be filled out by the child's physician and signed by a parent/guardian. All prescription medications need a physician's signature as well as written instructions given to Health Office staff, who may prepare meds for field trips, etc. Medications should NEVER be brought to school by a child.

In case of an accident/incident or other health emergency, every effort will be made to contact the parent/guardian. In the event that parent/guardians cannot be contacted in a reasonable amount of time, or the injury requires immediate medical attention, we would like permission to take the necessary steps to initiate treatment.

I hereby authorize the District, or its agent, to administer first aid and to refer for medical treatment, including transport to a medical facility, as may be reasonably required under the circumstances.

Signature of Parent/Legal Guardian______________________________ ***Date***__________