STUDENT SERVICES
EMERGENCY & MEDICAL INFORMATION School Year 2007-08

Student's Legal Last Name	Student's Legal First Name	MI	Birth Date	Age	Grade

Address/City/State/Zip	Home Telephone

Mother's Name	Place of Employment	Work Telephone

Father's Name	Place of Employment	Work Telephone

Guardian's Name (If Applicable)	Place of Employment	Work Telephone

Child lives with: (Check One) ☐ Both Parents ☐ Mother Father ☐ Other (Please Explain) _____

Other Children 1) _____ _____ 2) _____ _____
Name School/Grade Name School/Grade

Doctor's Name/Phone	Health Insurance Company/Provider

Dentist's Name/Phone	Hospital

Special Needs (medication, treatment, fears…please explain/specify):

List medications your child takes at home:	List medications your child will need to take at school:

MEDICAL PROBLEMS (Check all that apply / use additional sheet to specify if necessary)

☐	Allergy-Insects specify	☐	Epilepsy	☐	Leukemia	☐	Scoliosis
☐	Allergy-medicine specify	☐	Gastrointestinal Condition	☐		☐	Sickle Cell
☐	Allergy-other specify	☐	Headache	☐	Muscular Dystrophy	☐	Speech Impairment
☐	Anemia	☐	Hearing Impairment	☐	Mult. Health Problems	☐	Transplant Specify
☐	Arthritis specify	☐	Heat Disease	☐	Nosebleeds	☐	Urological Conditions
☐	Asthma	☐	Heart Murmur	☐	Physical Development-Abnormal	☐	Visual Correction Glasses
☐	Cancer specify	☐	Hemophilia	☐	Physical Impairment Specify	☐	Visual Correction Contacts
☐	Cerebral Palsy	☐	Hernia	☐	Pregnancy	☐	Visual Problems Specify
☐	Diabetes	☐	Hyperactivity	☐	Psychological Problem Specify	☐	Other specify
☐	Drug Dependency	☐	Hypertension	☐		☐	
☐	Ear Infections/Repeated	☐	Hypoglycemia	☐		☐	
☐	Ear Problems	☐	Kidney Disease	☐		☐	

CUSTODY (List any special custody problems. ***Appropriate legal documentation must be on file in student's cumulative folder.***

CHILD PICKUP/EMERGENCIES: Should my child become ill or injured during the school day and the school be unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence.

Name	Relationship	Telephone	Name	Relationship	Telephone
1			3		
2			4		

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given the necessary treatment. I understand that I will be responsible for any and all related charges. I understand that it is the parent's / guardian's responsibility to notify the school of any change in this information throughout the school year.

_____
Parent/Guardian Signature Date

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