

School _____
 Homeroom Teacher _____

STUDENT EMERGENCY FORM

Name of Student _____ Birthdate _____ Boy Girl

Does student have private health insurance? Yes No Medicaid? Yes No ID # _____

Parent/Guardian _____ Home Phone # _____

Father _____ Work Phone # _____

Mother _____ Work Phone # _____

Emergency Contact _____ Day Phone # _____

Doctor's Name _____ Date of last physical _____

Dentist's Name _____ Date of last exam _____

In case of a medical emergency, injury, or serious illness, I hereby authorize school personnel to take or send my child to the family physician or hospital: Yes No

Does your child have a condition which might require emergency care at school? Yes _____ No _____
 (1) If yes, please state the condition _____; (2) please contact the school for a medical alert form; (3) have the form filled out by the student's physician and return to school.

Daily medication at home? Yes No At school? Yes No

Name of medication and reason for taking: _____

If student requires medication at school, please obtain the appropriate form in the school office.

List serious illness, injuries or surgeries: _____

EYES: Glasses: reading distance
 Contacts difficulty seeing
 crossed lazy eye

EARS: frequent infections tubes Other _____
 Hearing aid: right left wear at school
 hearing difficulty; Explain: _____

Special education or services: LD speech/language OT/PT counselor BEH
 EMH special diet requires special health care; explain: _____

 Signature of Legal Parent/Guardian

 Date

**IT IS THE PARENTS' RESPONSIBILITY TO KEEP THE SCHOOL INFORMED
 OF ANY CHANGES IN THE ABOVE INFORMATION.**