

## STUDENT MEDICAL EMERGENCY INFORMATION

NAME OF PARENTS: \_\_\_\_\_ PHONES: Home \_\_\_\_\_ Mother at Work \_\_\_\_\_  
Last Name First Name(s) of Parent (s)

Mother Cell \_\_\_\_\_ Father Cell \_\_\_\_\_ Email \_\_\_\_\_ Father at Work \_\_\_\_\_

ADDRESS OF PARENTS: \_\_\_\_\_ NAME OF SITTER: \_\_\_\_\_ PHONE \_\_\_\_\_

In case of emergency, if parents cannot be reached, who shall be called? NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ Has this person agreed to assume this responsibility? \_\_\_\_\_

DOCTOR \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

In the event my child should become seriously ill or injured and a parent or other person responsible cannot be reached, I DO  DO NOT  give permission for school personnel, at their discretion and at the parents' expense, to take my child to the \_\_\_\_\_ Hospital, call an ambulance if such transportation is deemed necessary, and/or secure the services of an available doctor in the event the above listed doctor is not available.

Permission is hereby given for my child/children at the child's request to have Tums or Roloids and Tylenol for headache, minor pain, etc. as indicated individually below. Please list the usual dosage to be given. Also, please list any medical/nonmedical problems student has that school personnel should be aware of (allergies, medication, vision, speech, hearing, etc.)

Please list each student separately and check yes or no for each item.

<u>NAME OF CHILD</u>	<u>TYLENOL</u>	<u>TUMS/ROLAIDS</u>	<u>INSTRUCTIONS FOR DOSAGES, ALLERGIES, MEDICATION, ETC.</u>
_____	YES _____ NO _____	YES _____ NO _____	_____
_____	YES _____ NO _____	YES _____ NO _____	_____
_____	YES _____ NO _____	YES _____ NO _____	_____
_____	YES _____ NO _____	YES _____ NO _____	_____
_____	YES _____ NO _____	YES _____ NO _____	_____
_____	YES _____ NO _____	YES _____ NO _____	_____
_____	YES _____ NO _____	YES _____ NO _____	_____

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_