



STUDENT EMERGENCY CARE FORM

Student's last name	First	Middle	Date of Birth	Age	Sex
Father's Name _____			Mother's Name _____		
Father's Home Phone: _____			Mother's Home Phone: _____		
Father's Office Phone: _____			Mother's Office Phone: _____		
Father's Mobile : _____			Mother's Mobile : _____		
Father's occupation: _____			Mother's occupation: _____		
Father's E-mail _____			Mother's Email _____		

Person(s) To Call When Parents Cannot Be Reached / and who may pick up the child from school

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Family Physician _____	City _____	Phone _____
Choice of Hospital _____	Insurance Company _____	
Has child any drug/food/environmental/etc. allergies: _____		
Any additional medication information: _____		
List daily medications: _____		Date of last Tetanus shot _____

If any emergency arises, the school will try to contact the student's mother or father. If neither Parent can be reached, Dr. _____ has my permission to be wholly responsible for the care of my child. If he is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

Signature of Parent or Guardian	Date <i>(Please complete reverse side)</i>
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STUDENT HEALTH FORM

MAY / MAY NOT have **TYLENOL 500mg** as needed.

MAY / MAY NOT have **IBUPROFEN 200-400 mg** as needed.

MAY / MAY NOT have **BENADRYL 25mg** as needed.

MAY / MAY NOT have **TUMS chewable Tablet** as needed.

MAY / MAY NOT have **HALLS COUGH DROPS** as needed.

MAY / MAY NOT have **HYDROCORTISONE CREAM 1%** as needed.

MAY / MAY NOT have **CALAMINE LOTION** or **BENADRYL TOPICAL** as needed.

MAY / MAY NOT have **NEOSPORINE TRIPLE ANTIBIOTIC** as needed.

MAY / MAY NOT have _____ as needed.

List any drug / food / environmental / etc. allergies:

Parent / Guardian Signature

Date

(Please complete reverse side)