

2018-2019 EMERGENCY/MEDICAL FORM

Student (last name, first & middle name)	Date of Birth	Grade/Fall 2018	Sex
Student 1:			
Student 2:			
Student 3:			
Student 4:			

Parent 1: Relationship: Home Phone: Work Phone: Cell Phone: Email:	Parent 2: Relationship: Home Phone: Work Phone: Cell Phone: Email:
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Parent marital status:

Emergency Contact:	Relationship	Home: Work: Cell:
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Physician Info: Name: Phone: Address:	Dentist Info: Name: Phone: Address:
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Insurance Carrier:
Insurance #:
Hospital of choice (in emergency):

Unusual Health Problems:

Allergies and other medical issues that the school should be aware of:

Student 1: _____, Allergies/Medical Issues: _____

Student 2: _____, Allergies/Medical Issues: _____

Student 3: _____, Allergies/Medical Issues: _____

Student 4: _____, Allergies/Medical Issues: _____

Medication(s) that the school may dispense to your child (must be provided by parent):

Student 1: _____, Medication: _____

Student 2: _____, Medication: _____

Student 3: _____, Medication: _____

Student 4: _____, Medication: _____

Please check medication(s) that the school may dispense to your child (provided by the school):

Student 1: Tylenol Ibuprofen Benadryl

Student 2: Tylenol Ibuprofen Benadryl

Student 3: Tylenol Ibuprofen Benadryl

Student 4: Tylenol Ibuprofen Benadryl