

ILLNESS/EMERGENCY PROCEDURE

SASID: _____

Student's name _____ Grade _____ Home Phone _____

Mailing address _____ Date of Birth _____

Street address _____

Email address _____

Parent 1 name _____	Home Phone _____	Work Phone _____	Cell Phone _____
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Parent 2 name _____	Home Phone _____	Work Phone _____	Cell Phone _____
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Guardian (if applicable) _____	Home Phone _____	Work Phone _____	Cell Phone _____
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Stepparent (if applicable) _____	Home Phone _____	Work Phone _____	Cell Phone _____
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Physician: _____ Dentist: _____

Child lives with Mother (), Father (), Both (), Other _____

If neither parent can be reached, contact these alternates:

Name 1: _____ Relationship _____ Phone Numbers _____

Name 2: _____ Relationship _____ Phone Numbers _____

List any illnesses, injuries, surgeries, or immunizations since last school year: _____

List any chronic conditions, allergies, or other information which might be important for your child's care: _____

Does student use any of the following: Eyeglasses _____ Contact lenses _____ Hearing aid _____

(OVER)

Name: _____ Grade _____

List any medications taken by this student and reason for taking: _____

Indicate by check mark (✓) if you give permission for the following to be given to your child:

() Acetaminophen ("Tylenol") () Ibuprofen ("Advil") () Anti-Itch Lotion

() Other (specify other medication you may send in for your child's use) _____ () Antacid/Digestive Aid _____

Indicate by check mark (✓) if you give permission to your 6th, 7th, or 8th grade child to participate in after school and interscholastic competitive sports during this school year Yes () No ()

All students must submit a current physical to the nurse to be able to participate in sports.

In case of accident or serious illness, I request the school to contact me and authorize the school staff to obtain whatever medical attention seems appropriate including the use of emergency medical technicians reached through 911 services.

I give my permission to the school nurse to communicate with any and all health care providers regarding my child. Yes () No ()

Parent's/Guardian's Signature _____

Additional Comments _____

Do you have medical insurance for this child? Yes () No () Company _____

Parent's/Guardian's signature _____ Date _____