

Emergency Medical and Insurance Information

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| Please note below any area(s) of your child's health that may require special care or concern: |
| <i>Allergies:</i> |
| <i>Regular Medications:</i> |
| <i>Illnesses within the last six months:</i> |
| <i>Other:</i> |
| Every effort will be made to reach a parent/guardian immediately in case of illness or accidents. In the event that this is not possible, please list below the name of an individual and a doctor authorized in your absence to make decisions with respect to your child/children: |
| <i>Name:</i> |
| <i>Relationship to student:</i> |
| <i>Address:</i> |
| <i>Telephone Number:</i> |
| <i>Name of Family Physician:</i> |
| <i>Telephone Number:</i> |
| <i>Preferred Hospital:</i> |
| <i>Is the student covered by Health Insurance? Yes No</i> |
| <i>Present Health Insurance Company:</i> |
| <i>Policy Number:</i> |
| <i>Telephone Number:</i> |
| Does your Insurance company need to be contacted before any treatment may be given? Yes No |
| Name (if anyone) whom your child is not allowed to leave school grounds with: |
| If your child complains of a headache, does the school have permission to give your child: |
| Tylenol Yes No |
| Ibuprofen Yes No |
| In the event of an emergency, if none of the above can be reached, the school is authorized by your signature to call the nearest available physician and administer emergency first aid if necessary. |
| <i>Signature of Parent/Guardian:</i> |
| <i>Date of signature:</i> |