SCHOOL EMERGENCY CARD

Student's Name			Birth	hdate		Grade/Room /	
Last	First	Middle I					
Address			Zin	Ma	alo Fomalo	Non Binan/	
Address			_ zip	IVI2			
Parent/Guardian #1)		E-Mail		
		Work					
Employer's Name		Hours	Wo	ork# ()	Ce	ell# ()	
Parent/Guardian #2			_)		_ E-Mail		
Easter and News		Work	14/		0		
Employer's Name		Hours	VVC	orк# ()_	C	ell# ()	
List names & relationship of ALL DEC	DIE that live with	the student					
List names & relationship of ALL PEC	DPLE that live with	the student					
Name at least THREE relatives or friends to contact when parent is unavailable during a student illness, injury, or emergency. PERSON MUST DRIVE AND BE ABLE TO PICK UP STUDENT DURING THE DAY. STUDENT WILL ONLY BE RELEASED TO PERSONS LISTED ON THIS FORM IN THE EVENT OF ILLNESS, INJURY, OR EMERGENCY.							
NameR	elationship	Phor	ne# (<u>)</u>		Cell# (
NameR	elationship	Phor	ne# (<u>)</u>		Cell# ()	
NameR	elationshin	Phor	ne#()		Cell# ()	
		110	ie# ()		0		
During an emergency, the Emergency Medical Services (EMS-ambulance) will transport the student to a hospital or special facility deemed necessary for the emergency. Since an emergency can occur at any time, requiring us to call the EMS, it is VERY IMPORTANT that the certified school nurse be informed if your child has any of the following: 1) ANY EXISTING MEDICAL OR EMOTIONAL CONDITION(S) 3) ANY CHANGE IN A CONDITION 2) A NEWLY DIAGNOSED CONDITION(S) 4) The name of ANY MEDICINE taken regularly at home or that will need to be taken in school. *For the safety of all students, NO MEDICINE (prescription or over-the-counter), is permitted to be carried by the student*							
						ate of last visit	
Doctor's Name							
Dentist's Name F				Phone () Date of last visit			
Eye Doctor's Name Phone (()	D	ate of last visit	
If your child <u>does not</u> have Health, Dental or Vision Insurance, information is available on free or low cost coverage: Contact the school nurse.							
List ANY medical and/or emotional conditional	on(s) your child has						
List ANY allergies Treatment for allergies							
List ANY medicine taken regularly at home Time taken							
List ANY medicine child is to take in school (requires a doctor's order) Time to be taken							
The following medicines are available thras age/weight & dose. If your child requires at school, the parent/guardian would need original medication container. ONLY Check	the Health Office me to complete the sch	dicine more than 3 ool's Medication Fo	times, the chorm, and the	hild's doctor	would then need to	o order medicine to be given	
Medication	Parent Permission	Dose # 1	(Dose #2	(Dose #3	
Acetaminophen (e.g. Tylenol)			(nurse's initials)	Given Given	(nurse's initials)	Given (nurse's initials) Given (nurse's initials)	
Ibuprofen (e.g. Advil, Motrin) Antacid (e.g. Tums, Mylanta, Maalox)	YesNo Yes No		(nurse's initials) (nurse's initials)	Given	(nurse's initials) (nurse's initials)	Given (nurse's initials) Given (nurse's initials)	
Benadryl	Yes No		(nurse's initials)	Given	(nurse's initials)	Given(nurse's initials)	
Cough Drops	Yes No	(As per nurse)	discretion)	(As per ni	urse's discretion)	(As per nurse's discretion)	

I agree to permit the school to administer this medication to my child. In consideration of the school district's agreement to use good faith efforts to properly administer this medication, the district is hereby relieved from liability for any failure to properly administer this medication. I also authorize the school to contact the physician regarding said medication.