

EMERGENCY INFORMATION FORM

STUDENT'S NAME: _____

STUDENT'S ALLERGIES: _____

PRESCRIPTION MEDICATIONS: _____

ALL MEDICATIONS THAT MUST BE GIVEN AT SCHOOL MUST HAVE THE MEDICATION PERMISSION FORM (ONLINE) SIGNED BY A PHYSICIAN AND PARENT. ALL MEDICATIONS, EXCEPT INHALERS, EPIPENS AND DIABETIC SUPPLIES MUST BE KEPT IN THE NURSE'S OFFICE AS STATED IN THE STUDENT HANDBOOK

KNOWN HEALTH PROBLEMS: _____

FOR STUDENTS WITH ASTHMA, DIABETES, SEIZURES, ALLERGIES SUCH AS FOOD/BEE/LATEX, OR OTHER CONCERNING HEALTH NEEDS PLEASE COMPLETE ADDITIONAL HEALTH FORMS ON WEBSITE For your child's safety, health issues will be shared with staff unless the school is informed otherwise.

PLEASE CONTACT THE SCHOOL NURSE FOR ANY SPECIFIC OR NEW MEDICAL NEEDS THAT YOUR CHILD MAY HAVE. 282-3858 ext 2323 tkueker@redbud132.org

EMERGENCY CONTACTS:

1) Parent's name: _____ Mother/Father

Phone number(home/cell) _____

work name/number/extension _____

2) Parent's name: _____ Mother/Father

Phone Numbers: (home/cell) _____

work name/number/extension _____

Other person to call in emergency other than parent close to school:

1) _____
Name/phone numbers/relationship

2) _____
Name/phone numbers/relationship

3) _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____