



MEDICAL EMERGENCY FORM 2012-2013 SCHOOL YEAR

Student's Name	Current Grade	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, Zip Code)			
Primary Contact (Parent/Guardian)	Home Phone	Cell Phone	
In Case of Emergency Contact (1)	Home Phone	Cell Phone	
In Case of Emergency Contact (2)	Home Phone	Cell Phone	
Physician's Name & Address			Phone Number:
Primary Care Provider	Policy Holder	Policy Number	Group Number

Listed below are medications my child needs to take while in school:

Name of Medication	Reason	Dosage	When

I also give permission for my child to take the Over the Counter medicines listed below:

☐ Tums (or generic)
 ☐ Pepto-Bismol (or generic)
 ☐ Aspirin (or generic)
 ☐ Advil (or generic)
 ☐ Tylenol (or generic) Acetaminophen
 ☐ Benadryl (or generic)

☐ Please call me before you administer any medication to my child.

☐ You do not have to call me to administer any medication to my child.

Please list any allergies, medication, and/or any medical condition (such as asthma) on the reverse side of this form.

In case of an emergency, I give permission to the school authorities, or its representatives, to obtain medical treatment of my child in my absence.

Signature: _____ Date: _____
Parent / Guardian

Student's Name: _____

MEDICAL INFORMATION:

Medication(s) your child is allergic to:

Medication(s) your child is currently taking:

Allergies:

If your child has a medical condition (such as asthma), please describe:

Other important medical information you would like us to have:

USE THIS SPACE TO ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD (BOTH SIDES)