

Health Services Emergency & Illness Information

School Year: 2026/2027

Student's Name _____ DOB _____ Grade _____ Bus# _____
Parent Name/Guardian _____
Home Phone Number _____ Cell _____ Work _____
Homeroom Teacher _____

PERSON TO CONTACT IF PARENT(S) IS NOT AVAILABLE

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Please list any medical problems, severe allergies, etc. which would require immediate medication or medical attention: _____

Bee sting allergy that requires epi-pen: Yes _____ No _____

Food/Peanut Allergy that requires an Epi-Pen Yes _____ No _____

List Allergy/Allergies: _____

Seizures: Yes _____ No _____

Asthma that requires inhaler at school: Yes _____ No _____

Medication to be given at school: Yes _____ No _____

List of medications your child takes at home: _____

Family doctor _____ Phone _____

Please check if you give permission for:

Cough drops _____ Cold/Allergy medicine _____

Mylanta/Tums _____ Tylenol/Acetaminophen _____ Ibuprofen/Motrin _____ Benadryl (For an Emergency) _____

If your child begins taking Tylenol / Ibuprofen repeatedly, it is at the discretion of the nurse as to whether to give these medications to your child. Benadryl will only be given at the discretion of the nurse for EMERGENCIES ONLY.

First Aid includes applying Neosporin, Calamine lotion (anti-itch cream), Band-Aids, wound wash, eye wash, etc. If you do not want any of these products used on your child, please mark it out. Please see your school nurse for proper forms if your child requires prescription medication.

I, _____, give permission for school staff to share my child's health information with other school staff, Health Dept., MD. or other related health personnel, in the event that my child's health is at risk.

(Example but not limited to: immunization info, diabetes, allergies to foods/bees, communicable outbreaks, 911 situations and medication/nursing treatment at school).

If emergency treatment is required, and the parents or guardian cannot be reached immediately, your signature in the space provided below empowers school authorities to exercise their judgment in calling the physician indicated above, or if not available, to transport the student to a hospital emergency room.

Parent/Guardian Signature _____ Date _____

SPECIAL NOTE: Please notify school officials immediately of any changes or modifications to any information stated above. Back is for School Staff use only. Revised 08/26