

Family Doctor: _____ Phone # _____ Medical Record # _____

Health Plan _____ Group # _____ Phone # _____

If an emergency should arise which requires immediate medical attention and we, as parents or guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this child: Yes No

THIS CHILD HAS HAD THE FOLLOWING HEALTH CONTIONS: Please check one and if yes, explain.

1. Serious Illness: Yes No Explain: _____

2. Serious Accident: Yes No Explain: _____

3. Vision Problem: Yes No Explain: _____

Wears Glasses: Yes No _____

4. Hearing Problem: Yes No Explain: _____

5. This child has a known health condition which may affect him/her in school: Yes No Explain: _____

The parent or legal guardian of any student on a continuing medication regimen for a non-episodic condition shall inform the school of the medication being taken, current dosage, and name of the supervising physician. If medication at school is necessary, a written statement from a physician is required stating the method, amount and time schedule by which the medication is to be administered.

Medication _____ Dosage _____

Supervising Physician _____ Phone _____

EMERGENCY CARE & EMERGENCY DISMISSAL PROCEDURES: In case of a MAJOR DISASTER OR DECLARED EMERGENCY during school hours, all students shall be required to remain at the school or at an alternate safe site and under the supervision of School personnel until a safe dismissal time is determined or until an authorized adult picks up the student, including:

Relationship	Last Name	First Name	Home #	Cell #
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Relationship	Last Name	First Name	Home #	Cell #
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Relationship	Last Name	First Name	Home #	Cell #
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Relationship	Last Name	First Name	Home #	Cell #
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