

## Student Health Summary & Emergency Contact Form

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_ DOB: \_\_\_\_\_

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Tetanus Booster: \_\_\_\_\_

_____	_____	_____
Mother's Name	Father's Name	Guardian's Name
_____	_____	_____
Mother's Home #	Father's Home #	Guardian's Home #
_____	_____	_____
Mother's Cell #	Father's Cell #	Guardian's Cell #
_____	_____	_____
Mother's Work #	Father's Work #	Guardian's Work #

**Adult you trust to make a decision regarding your student's health in the event you cannot be reached:**

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

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**In the event of an allergic reaction/asthma attack my student needs:**

**An Inhaler**

**Benadryl**

**An EpiPen**

**My student carries an EpiPen with him/her**

Health Problems/Chronic Illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

My child is covered by health insurance  Yes  No

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

(Emergency medical care could be delayed if this information is not provided)

Yes, I would like more information about CHIP (reduced cost health insurance for children)

**I give permission to the school staff to transport or make arrangements to transport my child to emergency medical care and to sign permission for medical treatment declared immediately necessary by the physician, in the event that persons listed above cannot be contacted.**

I give permission for Acetaminophen (generic Tylenol) to be given to my child  Yes  No

I give permission for Benadryl 25 mg for allergic reaction to be given to my child  Yes  No

I give permission for Tums or generic brand antacid to be given to my child  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_