

**CONRAD WEISER AREA SCHOOL DISTRICT
EMERGENCY CONTACT INFORMATION**

This form must be **COMPLETED** and **SIGNED** for every student enrolled in the district for the **2016-2017** school year.

STUDENT _____ **GR.** _____ Teacher _____ **SVA** _____
(**LAST** Name) (**FIRST** Name)

CareerTech (BCTC) _____ Yes _____ **EAST** _____ **WEST**

Home Address _____ Home Phone _____
(Street address) (City) (Zip)

Is this a change in address from last year? Yes _____ No _____ Birth Date _____

Is any custody information on file at school? _____ Yes _____ No Student lives with _____

Parent/Guardian Name #1 _____ E-mail _____

Address _____ Home Phone # _____

Employer _____ Work Phone # _____ Cell Phone # _____

Parent/Guardian Name #2 _____ E-mail _____

Address _____ Home Phone # _____

Employer _____ Work Phone # _____ Cell Phone # _____

Parent/Guardian Name #3 _____ E-mail _____

Address _____ Home Phone # _____

Employer _____ Work Phone # _____ Cell Phone # _____

Important Skyward Reminder: Parents/Guardians are responsible for reviewing & updating contact information in Skyward at start of school and with any changes. If you do not have access, contact the building secretary of your child's school.

If your child needs care & the nurse is unable to reach a parent, please list the names & LOCAL daytime phone numbers of persons to contact during the school day, and to whom your child could be released:

<u>Name and relationship to child</u>	<u>LOCAL Daytime / Work phone/cell phone numbers</u>
1. _____	() _____ () _____
2. _____	() _____ () _____
3. _____	() _____ () _____
4. _____	() _____ () _____

(PLEASE COMPLETE BOTH SIDES OF THIS FORM)

STUDENT NAME - _____

GRADE _____

STUDENT HEALTH INFORMATION - CONFIDENTIAL

STUDENT'S PHYSICIAN:	PHONE:
STUDENT'S DENTIST:	PHONE:
Hospital Preference in case of emergency	

Does student have health insurance? **Yes** **No** If yes, type _____

If no, information on the Children's Health Insurance Program (CHIP) is available from your school nurse.

Does your child have **ANY** health issues or physical limitations?

Yes **No** **Explain:** _____

Please list any **allergies** (FOOD, BEE STING, LATEX, other) that your child has:

**Permission for Standing Order Medications
Please Check Yes or No**

I give permission for my child to be administered the following by school nursing personnel:

- *Acetaminophen (Tylenol) **Yes** **No**
- *Ibuprofen (Advil, Motrin) **Yes** **No**
- *Antacid Tablets **Yes** **No**
- *Benadryl **Yes** **No**
(for acute allergic reaction only)

Does your child have an **EPI PEN**? Yes / No
If yes, please contact school nurse.

Does your child have **ASTHMA**? Yes / No
Does your child have a **rescue inhaler**? Yes / No
All medications taken during the school day, including an inhaler, must have a medication form on file in the Nurse's office.

The following first-aid supplies are used as needed: anti-itch products such as hydrocortisone cream, caladryl/ calamine lotion or anti-itch gel, antibiotic ointment, Orajel, Blistex, cough drops, throat lozenges, sting kill swabs & contact solution. If your child can not have any of these items please list them and the reason under the allergy section.

Please list **ALL daily medications** your child takes and the **reason for each**:

**** May this information be released to your child's teacher or other members of your child's educational/support team?**

Yes **No**

I have read all the information and have answered all the questions to the best of my ability. I hereby authorize the Conrad Weiser Area School District to administer first aid and to secure emergency treatment for my child for any emergency medical situation that may arise at a time when I cannot be immediately contacted.

PLEASE UPDATE SCHOOL NURSE WITH ANY CHANGES TO ANY INFORMATION ON THIS FORM.

Parent/Guardian Signature: _____ **Date:** _____