

Medical Information

PHYSICIAN _____ PHONE NUMBER _____

DENTIST _____ PHONE NUMBER _____

Is your child receiving any medication? _____

Please specify _____

***Doctors Orders must be submitted for any medication (including over the counter medications) to be administered at school.**

Students MAY NOT carry any medication (including over the counter medications) to or from school.

Allergies? _____

** Please note that the school office closes at 2:30pm—Medications will be locked up at that time—you should provide separate emergency medications (i.e., inhalers, Epipens) to the Stay & Play Coordinator if your child will be attending Stay & Play.

Other Medical Conditions _____

PERSON TO BE CALLED IN CASE OF EMERGENCY OR ILLNESS WHEN PARENT CANNOT BE REACHED

1. _____ Relationship to Student _____
PHONE NUMBER _____ Alternate Phone Number _____

2. _____ Relationship to Student _____
PHONE NUMBER _____ Alternate Phone Number _____

In case of accident or serious illness and you are unable to reach me, I authorize you to call the physician listed above and follow instructions, or take my child to the nearest emergency room by ambulance, if necessary. I also give permission for medical information to be shared between my child's physician and school health personnel and between school personnel and appropriate school staff.

Parent Signature _____ Date _____
