

DISMISSAL/MEDICAL INFORMATION SHEET

This form will be kept in the student's classroom and at Stay and Play in case of emergency—Please fill it out in its entirety including initials and signature—one per child. Please inform the school if any of this information should change.

PLEASE PRINT

STUDENT NAME _____ DATE OF BIRTH _____ M/F ____ GRADE ____
First M.I. Last

FATHER/GUARDIAN _____ MOTHER/GUARDIAN _____
First Name Last Name First Name Last Name

DAD HOME NUMBER _____ MOM HOME NUMBER _____

CELL# _____ CELL# _____

WORK PHONE _____ WORK PHONE _____

DISMISSAL INFORMATION:

Please list the student's normal daily routine—(i.e. home on bus, babysitter by bus, picked up by ____, Stay and Play, etc.) Please contact the teacher or the office by phone call, note or email if the routine is to be changed). If there is confusion in the dismissal plan—we will keep the student at school for safety.

Monday:

Thursday:

Tuesday:

Friday:

Wednesday:

Busing Information:

SCHOOL DISTRICT: _____

Address busing home to: _____

Babysitter: Name _____ Phone Number: _____

Address: _____

Persons allowed to pick up my child:

A Parent Note, Email or Verbal Notification will be required for any person –even those listed above – to pick up your student(s) – including other school parents. Students may NOT ride on another district's bus for play dates- parent pickup would be required.

Persons NOT allowed to pick up my child:

OVER →

Medical Information

Student Name _____

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 (other than parents) 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 _____