

**EMERGENCY HEALTH FORM** (return to teacher on first day of school)

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Parents Information: *Please give your last name if it differs from the child. Also give the name that will be recognized by your co-workers (nickname, title, etc.)*

**Please indicate best # to try first and then second (if necessary, please update #'s in writing):**

Mother's Name \_\_\_\_\_ Cell # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

Child Resides with: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

After School Care Provider Name \_\_\_\_\_

Child Care Phone # (    ) \_\_\_\_\_

Does your child attend the Lakeland Children's Center?    If so, please circle the days: M T W Th F

Other Center \_\_\_\_\_ If so, please circle the days: M T W Th F

Phone # (    ) \_\_\_\_\_

**In addition to the home phone number, the following contact numbers will be forwarded to the Lakeland automated telephone system when there is a delayed opening, early dismissal, and/or closure due to bad weather.**

Mother's name \_\_\_\_\_ work # (    ) \_\_\_\_\_ alternate # (    ) \_\_\_\_\_

Father's name \_\_\_\_\_ work # (    ) \_\_\_\_\_ alternate # (    ) \_\_\_\_\_

**Emergency Dismissal Contact Information: Please list someone that we can reach if we cannot reach you. This contact should be a neighbor or relative that lives within walking distance of your home so they can reach your child's bus stop in inclement weather or someone you rely on to pick up school.**

Name	Relationship	Phone #
		(    )
		(    )
		(    )

**Other Siblings who ATTEND Van Cortlandtville Elementary School:**

Name	Grade	Teacher

**Health Information:**

Is child taking medicine daily? \_\_\_\_\_ Name of Medication/Dosage: \_\_\_\_\_

List any major illness or injury in the past year: \_\_\_\_\_

List food allergy/bee sting allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

Does student suffer from asthma? \_\_\_\_\_ Treatment: \_\_\_\_\_

Updated asthma/Allergy Action Plan/MD Orders/medication on file in the Health Office: \_\_\_\_\_

List important health information or dietary restrictions: \_\_\_\_\_

**MEDICAL Dismissal Information: If your child becomes ill, the nurse will contact you, the parent, first. In the event of an emergency or illness and the nurse cannot reach you at the phone numbers you provided, please list below others who may be contacted for pick up.**

Name	Relationship	Phone #
		( )
		( )
		( )

**STUDENT EMERGENCY CARE**

In case of illness or injury, the school personnel are legally responsible for first aid only. It is the school policy to notify parents when home care or immediate medical care is indicated. Frequently, parents cannot be reached. Please assist us in giving your child the proper care by supplying the information requested below.

**IF MY CHILD NEEDS IMMEDIATE MEDICAL CARE AND WE CANNOT BE REACHED, CALL:**

Dr.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

If my child is ill or injured and we cannot be reached, call (friend or relative):

1. \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_

2. \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_

Please check one:

**MY CHILD HAS BEEN INSTRUCTED WHAT TO DO IF SENT HOME EARLY AND NO ONE IS HOME.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date