

# DEPARTMENT OF CONTINUING EDUCATION

155 Firetown Road Simsbury, CT 06070

**Nursing Services are NOT available at ALL sites.  
Parent/Guardian of ALL students under the age of 18 must complete this form.**

Student's Name:		Home Phone:
Address:		Cell Phone:
City:	Zip Code:	Business Phone:
Email Address:		<b>Course Code:</b>

### STUDENT EMERGENCY INFORMATION

<b>1.</b>	Parent/Guardian:	Business Phone:
	Employer:	Cell Phone:
<b>2.</b>	Parent/Guardian:	Business Phone:
	Employer:	Cell Phone:

*Alternate persons readily available whom we may contact if parents/guardians are unavailable:*

<b>3.</b>	Name:	Phone:
	Relationship to Student:	Cell Phone:
<b>4.</b>	Name:	Phone:
	Relationship to Student:	Cell Phone:

Doctor:	<b>Allergic to:</b>	<b>Medical Concerns:</b>
Phone:	<input type="checkbox"/> Bee Stings <input type="checkbox"/> Shellfish	<input type="checkbox"/> Diabetic
Hospital Preference:	<input type="checkbox"/> Medication:	<input type="checkbox"/> Seizure Disorder
Dentist:		<input type="checkbox"/> Other medical-related:
Phone:	<input type="checkbox"/> Other (please indicate):	
		<input type="checkbox"/> IEP <input type="checkbox"/> 504

List any medication needed to be administered **DURING CAMP HOURS** (name & dose). We must have a current physician's medical authorization form attached to this Health form for any medications listed. For SAA & PE classes, the orders need to be brought to the nurse **at least 2 days prior** to class starts.

Medication	Time administered during camp/class

Any other concerns/issues you need to share with staff who is supervising your child:

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**If your child REQUIRES medication during class(es)**, please arrange a time to discuss procedures with Sue Beardsley, Director of Health Services; 860-658-0451 ext. 711.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_