

Teacher/Homeroom _____

KARNS CITY AREA SCHOOL DISTRICT
Health and Emergency Information

Grade _____

Student's Full Name: _____ Birth Date: _____

Student's Address (include P.O. Box if assigned): _____ City: _____ Zip Code: _____

Parent/Guardian(s) Full Name(s): _____

Father/Guardian Phone(s): Landline _____ Work: _____ Cell: _____

Mother/Guardian Phone(s): Landline _____ Work: _____ Cell: _____

Student resides with: () Both Parents () Mother () Father () Other : _____ Email Address: _____

Student pick up authorization: Please list, in order, two additional persons (besides parents/guardians) that can be contacted to pick up your child during school hours for any medical/health or evacuation reason if parent/guardian cannot be reached.

(1) Name: _____ Relationship to student _____ Phone # _____

(2) Name: _____ Relationship to student _____ Phone # _____

LIST ALL ALLERGIES: () None: _____

If applicable, ,how do you treat allergic reaction : _____

MEDICAL DIAGNOSIS OR RESTRICTIONS (i.e., Asthma, ADHD, etc). : () None () Yes - Please Explain: _____

Student's Doctor: _____ Address: _____ Phone: _____

Insured Parent/Guardian: _____ Insurance Company: _____

Group # _____ Policy # _____

Medications that your child takes at home:

Medication: _____ Dosage: _____ Time: _____ Reason: _____

Medication: _____ Dosage: _____ Time: _____ Reason: _____

Medication: _____ Dosage: _____ Time: _____ Reason: _____

Medications that may be given via standing school physician orders – initial what student is permitted to take during school hours

Medication	Dose	Time Schedule	Reason	Initial
Acetaminophen/ Tylenol	Per manufacturer's recommendation	Every 4-6 hours as needed	Fever/pain/headache	
Ibuprofen/Motrin/Advil	Per manufacturer's recommendation	Every 4-6 hours as needed	Fever/pain/headache	
Tums/Antacid	Per manufacturer's recommendation	1-2 tabs as needed	Upset stomach/heartburn/indigestion	
Benadryl	Per manufacturer's recommendation	Every 6 hours as needed	Allergy	

- The information provided on this emergency card may be released to other school personnel on a “need to know basis” (e.g. field trips, serious allergies or medical conditions, information to assist in classroom teaching etc.). I further consent to allow health information to be shared that is relevant to participation in athletics/activities with Licensed Athletic Trainer(s), coaches, and other school personnel as deemed necessary. This may include, but not limited to, injuries, diagnosis, medical condition/status, and/or athletic participation status.
- Students who must receive medication during school hours must submit a district medication administration permission form to the school nurse. The medication is to be given to the school nurse. No medication is to be kept in a student’s possession or locker unless the school nurse receives an order from the student's primary care physician (see medication procedure and policy).
- Students becoming ill during the school day should report to the health office or school office. If it is necessary for the student to be sent home, the nurse or other health personnel will inform the parent/guardian or designee. A student will be released from school only with the parent/guardian’s permission. Any student who leaves the building without following this procedure will be considered truant.
- In the event that I cannot be reached in an emergency, I hereby give my permission to transport the student to a medical facility for treatment, either from school or an athletic event. Furthermore, I authorize the attending physicians and hospital staff to secure proper treatment for my child.

Parent/Guardian Signature: _____

Date: _____

By typing your name above you are understanding this is a legal signature.