

# AMSACS HEALTH OFFICE EMERGENCY INFORMATION 2022-23

**Student's Name:** \_\_\_\_\_ Grade: 6 7 8 9 10 11 12  
Last First Full Middle Name (do not use initials)

Address: \_\_\_\_\_ Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

Gender: M F Nonbinary Primary Language: \_\_\_\_\_ Does your child have health insurance?  No\*  Yes

Policy Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Student cell phone: \_\_\_\_\_ Student email: \_\_\_\_\_

\*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable/free health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

Name & grade of siblings in school building: \_\_\_\_\_

**In case of medical emergency, the school will make attempts to contact parent/guardian before calling student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if deemed necessary. Please complete physician information**

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last appointment: \_\_\_\_\_ List Immunizations given in last year: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last appointment \_\_\_\_\_ Does your child have dental insurance?  Yes  No

## FAMILY DAYTIME CONTACT INFORMATION

### Primary Contact #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Primary Contact #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Other Custodial/Step Parent/Guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please indicate if your child may be released to non-custodial parent in case of illness and/or an emergency**

yes  no

### Other Contacts

Please indicate names of friends/relative/neighbor that will assume responsibility and provide transportation for your child in case of illness/injury/emergency/school evacuation when parent(s)/guardians cannot be reached. **Your child cannot be released to anyone other than those you list here.**

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**TURN OVER AND COMPLETE OTHER SIDE PLEASE**

Student's Name: \_\_\_\_\_ Grade: 6 7 8 9 10 11 12

Bus  Parent Pick-Up  Extended Day Program  After School Program  
 Other (Specify) \_\_\_\_\_

**Please check all that apply**  Anxiety  Asthma  Celiac Disease  
 Heart Condition  Diabetes  Autism  Seizure Disorder  
 Migraines  Depression  ADD/ADHD  OCD  Lactose Intolerant  
 Other (Specify) \_\_\_\_\_  
 Allergies/Intolerance: To what? (food, insects, medication, environment) Specify \_\_\_\_\_

Does your child have an Epinephrine Auto-injector?  No  Yes Specify \_\_\_\_\_

Does your child have a Metered Dose Inhaler?  No  Yes Specify \_\_\_\_\_

Please specify any medications or treatments your child will/may need during school hours: \_\_\_\_\_

Please List all Medications your child is taking at home: \_\_\_\_\_

**Note: Students are not allowed by law to carry any medications, over-the-counter or prescriptions. If your child has a medical condition or is on medications, please fill out the required medication forms and contact the school nurse if you have not already done so.**

Please Specify Problems with:

Vision  Right  Left  Eyeglasses  Contacts  Preferential Seating  
 Hearing  Right  Left  Hearing Aid  Tubes  Preferential Seating  
 Dental  Braces  Other \_\_\_\_\_  
 Speech \_\_\_\_\_  
 Bone or Joint \_\_\_\_\_  Muscular/Skeletal \_\_\_\_\_  
 Gastro/Intestinal \_\_\_\_\_  Kidney/Urinary \_\_\_\_\_  
 Other \_\_\_\_\_

Does your child have any physical limitations?  No  Yes \_\_\_\_\_

Does your child need any special equipment? (walker, wheelchair, etc.)  No  Yes \_\_\_\_\_

Has Your Child been hospitalized during the past year?  No  Yes \_\_\_\_\_

**Please send in updated physical exams and immunizations directly to the school nurse as they occur. State law requires health records to be complete to attend school. This form needs to be filled out each year.**

- I give the school nurse permission to share this information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.  Yes  No
- I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.  Yes  No
- In case of an accident or serious injury and I cannot be reached at the numbers above, I hereby authorize the school to arrange transportation to the nearest hospital emergency room to be treated by the physician on duty.  Yes  No

Signature (custodial parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_

If you need this information translated, please copy and paste it into Google Translate. The link to Google translate is <http://translate.google.com/>

### **Spanish**

Si necesita que se le traduzca esta información, por favor, copie y pegue en Google Translate. El enlace de Google Translate es <http://translate.google.com/>

### **Portuguese**

Caso precise traduzir esta informação, por favor, copie-a e cole-a no Google Tradutor. O link para o Google Tradutor é <http://translate.google.com/>

### **Chinese**

如果您需要翻译此信息，请将其复制并粘贴到 Google 翻译中。谷歌翻译的链接

是 <http://translate.google.com/>

Rúguǒ nín xūyào fānyì cǐ xìnxī, qǐng jiāng qí fùzhì bìng zhāntiē dào Google fānyì zhōng. Gǔgē fānyì de liànjiē shì <http://Translate.Google.Com/>

**Arabic** Google الرابط إلى ترجمة Google. إذا كنت بحاجة إلى ترجمة هذه المعلومات فالرجاء نسخها ولصقها في ترجمة Google هو : <http://translate.google.com/>