



**100 YEARS**  
OF EDUCATING YOUNG WOMEN

## Emergency Information

This form is to be completed by the Parent/Guardian. The form must be submitted to the Records Office by **AUGUST 10, 2022**. In an emergency, school will contact the Parents first. It is the Parent's responsibility to update the information on this form. Please print.

### Student Information

Last	First	Middle	Date of Birth	Grade
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### Parent/Guardian Contact Information

<b>Parent Name</b>	Last	First	Lives with student ___yes ___no	Cell Phone
			Relationship:	
Address		Apt. #	Work Telephone	
City		State	Zip	Home Telephone
Email:				
<b>Parent Name</b>	Last	First	Lives with student ___yes ___no	Cell Phone
			Relationship:	
Address		Apt. #	Work Telephone	
City		State	Zip	Home Telephone
Email:				

### Other Contact Information

Please list at least two other adults we may call if the parent(s) cannot be reached in an emergency. Individuals listed below also have your permission to pick your daughter up from school during the school day or in the event of an emergency school closing.

Name		Relationship to Student		
Cell Phone	Work Phone		Home Phone	
Name		Relationship to Student		
Cell Phone	Work Phone		Home Phone	
Name		Relationship to Student		
Cell Phone	Work Phone		Home Phone	
Name		Relationship to Student		
Cell Phone	Work Phone		Home Phone	

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

**Please turn over and complete medical information section on the back of this form.**

## Student Health Information

Please check any current or chronic health conditions that may affect your daughter during the school day.

Allergies/Environmental	Yes		Bone/Joint/Muscular Disorder	Yes	
Allergies/Food*	Yes		Diabetes	Yes	
Allergies/Insect Stings or Bee	Yes		Dizziness or Fainting	Yes	
Allergies/Medications*	Yes		Digestive/Bowel Problems	Yes	
Allergies/Others*	Yes		Hearing Issues/Hearing Aid*	Yes	
Asthma/Breathing Problems*	Yes		Heart-related Illness	Yes	
Bladder/Kidney Disorder	Yes		Seizure or Epilepsy*	Yes	
Bleeding/Clotting Disorder	Yes		Vision or Eye Disorder*	Yes	

If your daughter has a medical condition for which she has a health plan, please contact her School Counselor or the Dean of Students. Students who take medications during the school day must submit the Physician's Request to Self-Medicare and Parent Authorization to Self-Medicare forms prior to bringing the medicine to school. These forms must be updated and submitted annually each school year.

Provide details regarding:

Allergies: Allergic to the following foods \_\_\_\_\_

Allergic to the following medicines \_\_\_\_\_

Does your daughter carry an EpiPen? \_\_\_ Yes \_\_\_ No

Asthma: Does your daughter carry an inhaler? \_\_\_ Yes \_\_\_ No If yes, specify \_\_\_\_\_

What triggers your daughter's asthma attack? \_\_\_\_\_

Describe the symptoms your daughter experiences before or during an asthma attack. Check all that apply:

\_\_\_ Coughing \_\_\_ Shortness of breath \_\_\_ Wheezing \_\_\_ "Tightness" in chest \_\_\_ Breathing hard/fast \_\_\_ Feeling tired/weak

Other \_\_\_\_\_

Diabetes: \_\_\_ Type 1 \_\_\_ Type 2

**Please contact your daughter's School Counselor or the Dean of Students to complete a Diabetic Care plan which will be followed during the school day.**

Hearing: Does your daughter wear a hearing aid? \_\_\_ Yes \_\_\_ No

Does your daughter need to be seated near the teacher in order to hear well? \_\_\_ Yes \_\_\_ No

Seizure: Seizure history \_\_\_\_\_

If they take medication for seizures, please list: \_\_\_\_\_

Vision: Does your daughter wear \_\_\_ Glasses \_\_\_ Contact Lenses Does your daughter need to be seated at the front of the classroom? \_\_\_ Yes \_\_\_ No

If you checked Yes to any other medical condition or your daughter has a medical condition not listed, please explain.

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I give permission to the school to share information relevant to my daughter's health condition with school personnel and emergency medical professionals when necessary to meet their health and safety needs.

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