

Red Creek Central School

2024-2025 Emergency & Health Information

Please return to NURSE'S OFFICE as soon as possible

Please fill out form completely (FRONT & BACK). Leave no space blank. Thank You.

Student Information:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_ - \_\_\_\_  
 Last First M.I.  
 Address \_\_\_\_\_ Mailing if different \_\_\_\_\_  
 Street Town/ State Zip  
 Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 All persons living in home (name, age, relationship) \_\_\_\_\_

Is there a custody order in place? Yes or No (if yes a copy must be provided)

1<sup>st</sup> Parent/ Guardian contact: Okay to pick- up? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Last First MI  
 Address \_\_\_\_\_ Mailing if different \_\_\_\_\_  
 Street Town/ State Zip  
 Home ( ) \_\_\_\_ - \_\_\_\_ Cell ( ) \_\_\_\_ - \_\_\_\_ Work ( ) \_\_\_\_ - \_\_\_\_ Work Place \_\_\_\_\_

2<sup>nd</sup> Parent/ Guardian contact: Okay to pick-up? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Last First MI  
 Address \_\_\_\_\_ Mailing if different \_\_\_\_\_  
 Street Town/ State Zip  
 Home ( ) \_\_\_\_ - \_\_\_\_ Cell ( ) \_\_\_\_ - \_\_\_\_ Work ( ) \_\_\_\_ - \_\_\_\_ Work Place \_\_\_\_\_

Emergency Contact Information: (Other than parent / legal guardian)

If I am unavailable to pick-up my child and you have unsuccessfully tried to reach me, the following have permission to pick-up my child (we will try both parents first unless you notify us differently).

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home ( ) \_\_\_\_ - \_\_\_\_  
 Address \_\_\_\_\_ Cell ( ) \_\_\_\_ - \_\_\_\_ Work ( ) \_\_\_\_ - \_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home ( ) \_\_\_\_ - \_\_\_\_  
 Address \_\_\_\_\_ Cell ( ) \_\_\_\_ - \_\_\_\_ Work ( ) \_\_\_\_ - \_\_\_\_

Additional names may be added on a separate sheet. You may also add or delete any emergency contacts during the school year by notifying the school in writing.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian

RED CREEK CENTRAL SCHOOL DISTRICT  
2024-2025 CONFIDENTIAL HEALTH INFORMATION

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

Family Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Medical Information** - Please tell us about any health condition that your child is experiencing:

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Bee stings/Food allergies: Doctor/hospital confirmed alle    Yes \_\_\_\_\_    No \_\_\_\_\_

Does your child need to take medication for this allergy?    Yes \_\_\_\_\_    No \_\_\_\_\_

Is this medication to be kept in school?    Yes \_\_\_\_\_    No \_\_\_\_\_

List all allergies/health conditions and needed medicatiior

Medications	Allergy/Health Conditions

Diet Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Preferred: \_\_\_\_\_