

CARLYNTON SCHOOL DISTRICT

Emergency Medical Form

Student: _____ / _____ / _____ / _____ / _____ (Last name) (First name) (Date of Birth) (Grade) (Gender)

Emergency Contact Information

Parent/Guardian:

_____/_____/_____/_____/_____
Name Relationship Cell Phone Home Phone Work Phone

_____/_____/_____
Street Address City Zip

Email address

Parent/Guardian:

_____/_____/_____/_____/_____
Name Relationship Cell Phone Home Phone Work Phone

_____/_____/_____
Street Address City Zip

Email address

Please list any adult who has your permission to pick up your child from school and make decisions concerning your child in the event that you cannot be reached. STUDENT WILL ONLY BE RELEASED TO PERSONS LISTED ON THIS FORM IN THE EVENT OF ILLNESS, INJURY, OR EMERGENCY.

<u>Name of Person</u>	<u>Relationship</u>	<u>Telephone</u>
1. _____	_____/_____	_____
2. _____	_____/_____	_____
3. _____	_____/_____	_____

PLEASE COMPLETE OTHER SIDE

Student's Name: _____

Health History Check all conditions that your child currently has or had in the past

Condition	Explain
<input type="checkbox"/> Allergies	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Attention Disorder (ADHD/ADD)	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Seizure Disorder	
<input type="checkbox"/> Heart/Cardiovascular Condition	
<input type="checkbox"/> Neurological Disorder	
<input type="checkbox"/> Migraine/Headaches	
<input type="checkbox"/> Skin Conditions	
<input type="checkbox"/> Mobility Problems	
<input type="checkbox"/> Emotional/Mental Health Concerns (anxiety, depression)	
<input type="checkbox"/> Vision Concerns <input type="checkbox"/> Glasses/Contacts	
<input type="checkbox"/> Hearing Concerns	
<input type="checkbox"/> Other Health Concerns	

Medications List all prescription and over-the-counter medications taken as needed (e.g. EpiPen, inhaler, ADHD meds)

*All over-the-counter and prescription medications require a DOCTOR'S ORDER and parent signature to be given at school.

Medication	Dose/Frequency	Reason

The information you provide will only be shared with school staff who require access to this information to meet your child's health and safety needs while at school. Not providing complete and accurate information may result in an incomplete health and safety plan for your child.

Parent/Guardian Signature: _____ Date: _____