Nurse's Emergency Form

Name: Grade Level: LASID:

Gender: DOB: Birthplace:

Teacher:

Address:

Parent/Guardian Contacts

Name / Relationship	Phone Numbers	Email Addresses	E	C	L	S	R
1							
2							
3							
4							

Flags Legend: **E = Emergency Contact** I C = Custody I L = Lives With I S = School Pickup I R = Receives Mail

Date of most recent Physical: Doctor Name:

Hospital Preference: Doctor Phone:

School Insurance: Dentist Name:

Health Insurance: Dentist Phone:

Conditions ___ Heart Condition ___ Diabetes ___ Seizure Disorder ___ ADD/ADHD ___ Depression
___ Hearing Problems ___ Vision Problems ___ Anxiety ___ Asthma
__ EpiPen __ Inhaler

Allergies
Allergen : Medication : Life Threatening? Y/N

Food Allergies
Allergen : Life Threatening? Y/N

Medications
Medication : Dosage : When Taken

Other:

Consent has been given to administer the following medications to Ella at school. Dosage given will be administered per age/weight instructions on medication container. These medications will be administered on an as needed basis. All medications will be kept in the nurse's office. They may be given at the nurse's discretion, by the nurse or designated school personnel.

Over the Counter ___ Acetaminophen ___ Antibiotic Ointment ___ Hydrocortisone Cream ___ Calamine Lotion
___ Ibuprofen ___ Antihistamine ___ TUMS ___ Cough Drops / Throat Lozenges

The Parent / Guardian understands that this information is confidential, however, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who may need to help in an emergency. In other circumstances, my consent will be required. I give permission to exchange information with a my child's health care provider. The Parent / Guardian can limit or revoke this consent at any time.

Parent/Guardian Signature **Date**