

**CONRAD WEISER AREA SCHOOL DISTRICT  
EMERGENCY CONTACT INFORMATION**

This form must be **COMPLETED** and **SIGNED** for every student enrolled in the district for the 2019-2020 school year.

**STUDENT** \_\_\_\_\_ **GR.** \_\_\_\_\_ Teacher \_\_\_\_\_ **SVA** \_\_\_\_\_  
(**LAST** Name)      (**FIRST** Name)  
**CareerTech (BCTC)** \_\_\_\_\_ Yes \_\_\_\_\_ **EAST** \_\_\_\_\_ **WEST** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street address)      (City)      (Zip)

Is this a change in address from last year?    Yes \_\_\_\_\_ No \_\_\_\_\_      Birth Date \_\_\_\_\_

Is any custody information on file at school? \_\_\_\_\_ Yes \_\_\_\_\_ No      Student lives with \_\_\_\_\_

Parent/Guardian Name #1 \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Name #2 \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**\*Please circle the phone number above that should be called first.**

**Important Skyward Reminder:** Parents/Guardians are responsible for reviewing & updating contact information in Skyward at start of school and with any changes. If you do not have internet access, contact the building secretary of your child's school.

If your child needs care & the nurse is unable to reach a parent, please list the names & **LOCAL daytime** phone numbers of persons to contact during the school day, and to whom your child could be released:

<u>Name and relationship to child</u>	<u>LOCAL Daytime / Work phone/cell phone numbers</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**(PLEASE COMPLETE BOTH SIDES OF THIS FORM)**

**STUDENT NAME -**

**GRADE**

**STUDENT HEALTH INFORMATION - CONFIDENTIAL**

STUDENT'S PHYSICIAN:	PHONE:
STUDENT'S DENTIST:	PHONE:
Hospital Preference in case of emergency	

Does student have health insurance?  Yes  No If yes, type \_\_\_\_\_

If no, information on the Children's Health Insurance Program (CHIP) is available from your school nurse.

Does your child have ANY health issues or physical limitations?

Yes  No Explain: \_\_\_\_\_

Please list any **allergies** (FOOD, BEE STING, LATEX, other) that your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission for Standing Order Medications**

**Please Check Yes or No**

I give permission for my child to be administered the following by school nursing personnel:

- \*Acetaminophen (Tylenol)  Yes  No
- \*Ibuprofen (Advil, Motrin)  Yes  No
- \*Antacid Tablets  Yes  No
- \*Benadryl  Yes  No  
(for acute allergic reaction only)

Does your child have an **EPI PEN**? Yes  No   
**If yes, please contact school nurse.**

Does your child have **ASTHMA**? Yes  No   
Does your child have a **rescue inhaler**? Yes  No   
**All medications taken during the school day, including an inhaler, must have a new medication form on file in the Nurse's office each year. Must submit form to carry an inhaler.**

The following first-aid supplies are used as needed: anti-itch products such as hydrocortisone cream, caladryl/ calamine lotion or anti-itch gel, antibiotic ointment, Orajel, Blistex, cough drops, throat lozenges, sting kill swabs, & contact solution. If your child can not have any of these items please list them and the reason under the allergy section. .

Please list **ALL daily medications** your child takes and the **reason for each**:

\_\_\_\_\_  
\_\_\_\_\_

**\*\* May this information be released to your child's teacher or other members of your child's educational/support team?**

Yes  No

**I have read all the information and have answered all the questions to the best of my ability. I hereby authorize the Conrad Weiser Area School District to administer first aid and to secure emergency treatment for my child for any emergency medical situation that may arise at a time when I cannot be immediately contacted.**

**PLEASE UPDATE SCHOOL NURSE WITH ANY CHANGES TO ANY INFORMATION ON THIS FORM.**

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

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**