

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

This form must be **COMPLETED** and **SIGNED** for every student enrolled in the district for the **2018-2019** 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