

EMERGENCY/HEALTH INFORMATION FORM

Student's name _____ Date of birth ___/___/___

Parents' names _____

Home address _____

Parents' home phone number _____ Cell number _____

Any other phone number where parents could be reached during the day? _____

Has your child ever fainted, for any reason? _____ If yes, can you give any details?

Is your child allergic to anything?

Does your child have any chronic conditions we should be aware of (such as asthma or eczema)?

Does your child take any daily medication?

Is your child squeamish about blood or dissection?

Is your child intensely frightened of any insect or animal?

Has your child ever been diagnosed with anything on the autistic spectrum?

Please feel free to write additional comments here:

We have a medical kit available for small emergencies (such as headaches or minor abrasions). Please check which medicines your child may administer to themselves as needed.

- Tylenol
- Ibuprofen (Advil)
- Sudafed
- Benadryl
- Triaminic
- Pepto Bismol
- Roloids

My child must call me before taking anything.