

EMERGENCY INFORMATION

EMERGENCY HEALTH INFORMATION (CONTINUED)

Known Allergies: _____ Insects Explain if "YES"
_____ Animals (dander) _____
Please check the box _____ To Foods _____
If "YES" and explain _____ Drugs _____
At the far right space _____ Other _____

Has your M.D. prescribed adrenalin? (Epipen, Anakit) _____ Yes _____ No

All medications taken at home or school: _____

Inhaler: _____

Explain why: _____

Other health concerns: _____

Does your child wear contact lenses? _____ Yes _____ No

Child's Physician: _____
Name Phone Number

Dentist: _____
Name Phone Number

Choice of hospital to be used if medically expedient: _____

In the event of severe allergic reaction with life-threatening symptoms such as breathing difficulties, wheezing and other signs of impending anaphylactic shock as described in the accompanying letter which I have read and understand, I give permission to the School Registered Nurse to administer Adrenalin and/or Benadryl in accordance with the guidelines set forth by the School Medical Advisor.

I understand that in the event of an accident or serious illness the school will try to contact me. If the school is unable to reach me, I authorize the school to contact the physician named and to follow his/her instructions. If the physician cannot be reached and my child requires medical attention and/or transportation to another location for treatment, I give the school permission to make arrangements deemed necessary to secure treatment.

I hereby certify that I have read and understand the above stated procedures and duly authorize the administration of the school and/or school nurse to secure medical treatment and/or transport my child when they deem necessary.

Parent Name (Print or Type)

Parent's Signature

Date

Does your child have Health Insurance Coverage? _____ Yes _____ No