

EMERGENCY MEDICAL FORM 2009-2010

Student's Name: _____

Date of Birth: _____ Grade: _____

Parent 1

Parent 2

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work: _____

Work: _____

Cell (area code): _____

Cell (area code): _____

E-Mail: _____

E-Mail: _____

FAX: _____

FAX: _____

In case of an emergency and a parent cannot be reached, call:

**Name: _____

Phone: _____

**Name: _____

Phone: _____

****Please notify the above people of their responsibilities in this matter.****

Name, address and telephone number (area code) of family physician:

Name of Medical Ins. Co.: _____ Policy #: _____ Group #: _____

Allergies: LIFE THREATENING Medication: _____ Food:*

Insect: _____ Seasonal Other _____

***Please specify if Food Intolerance or Food Allergy:** _____

I authorize this information to be released to the DDS faculty as needed.

I do not authorize this information to be released to the DDS faculty as needed.

-----OVER PLEASE-----

Date of last tetanus vaccination: _____

Has your child, during the past year, had any illness, injury or operation?

Specify (with dates). _____

Does your child take any medications on a regular basis (excluding vitamins)?*

Will your child need to carry this medication or medical apparatus on field trips? _____

If yes, what is it and who is expected to administer this medication? _____

Do you have any other information or recommendations that would aid us understanding your child's need(s)?

- I authorize this information to be released to the DDS faculty as needed.
- I do not authorize this information to be released to the DDS faculty as needed.

***No medication may be given in the school without a written order from a physician and parental consent. All medication must be in the original bottle with the physician's prescription. Students may not carry any medication to school; an adult must deliver it to the office.**

I hereby empower a faculty representative of Dutchess Day School to act on my behalf in an emergency situation if I cannot be reached.

PARENT SIGNATURE: _____ **Date:** _____

In the event of an early dismissal, please:

_____ send my child home on the bus without calling.

_____ send my child home with _____ if I cannot be contacted.

_____ keep my child at school until I am contacted.

_____ other _____

**Please complete a separate form for each child in the family.
Please sign before returning to the office**

Revised 05/09