

EMERGENCY MEDICAL INFORMATION  
Confidential to be used only by appropriate adults/medical personnel.

STUDENT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
PARENTS/GUARDIANS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_  
Other telephone numbers where family members might be reached \_\_\_\_\_

Does he/she wear contact lenses? \_\_\_\_\_  
Most recent Tetanus immunization \_\_\_\_\_

Circle known allergies: Penicillin Aspirin Tetanus Booster Bee stings Poison Ivy  
Other allergies (drugs, food, others) (list) \_\_\_\_\_  
Typical reactions to allergens? \_\_\_\_\_

Circle known health problems or conditions:  
Hay Fever Asthma Fainting Spells Motion Sickness Diabetes Blood Disease  
Headaches/Migraines Epilepsy/Seizures Digestive Problems Kidney Problems  
Heart Murmur/Problems Hypoglycemia Hypertension Chronic Illness/Other Illness/ Problems  
(list) \_\_\_\_\_  
(Please attach any additional information that may be required if emergency treatment becomes necessary.)

Previous surgeries? yes/no If yes, please list procedures and dates \_\_\_\_\_

List any medication taken regularly \_\_\_\_\_  
Any special instructions regarding medication? \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Does it require pre-certification? \_\_\_\_\_ If so, who do we call? \_\_\_\_\_

WE CANNOT AND WILL NOT BE RESPONSIBLE for medications your student takes that have been given to him/her by another student.

NO over the counter (including Tylenol, cold or flu, stomach medications, etc.) or prescription medication will be provided or given students by the director/chaperones unless specific instructions and permission is given by parents or guardians.

IN CASE OF ILLNESS OR ACCIDENT, I HEREBY GIVE MY CONSENT FOR MY DAUGHTER OR SON TO BE GIVEN EMERGENCY TREATMENT UNTIL I CAN BE REACHED.

SIGNED: \_\_\_\_\_  
Parent/Guardian

Our physician may be contacted in case of emergency.

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Parent/Guardian

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2010 BEFORE ME

\_\_\_\_\_  
Notary Public My Commission Expires \_\_\_\_\_

**THIS PAGE MUST BE SIGNED, NOTARIZED &  
RETURNED BY MARCH 10.**