

MONTOWESE ELEMENTARY SCHOOL
Student Emergency Information 2017-2018

Student's Name: _____ DOB: _____ GR: ___ RM: ___

Street Address: _____ North Haven, CT 06473

Student Resides With (circle one): Both Parents - Parent 1 Parent 2 Grandparents Other: _____

Ethnic Origin (For CT State Dept. of Education forms) Circle One:

Asian Black Caucasian Hispanic Native American Other: _____

Family Information:

Name of Parent 1/Guardian: _____ Home Phone: () _____

Email Address: _____ Work Phone: () _____

Address: _____ Cell Phone : () _____

Name of Parent 2/Guardian: _____ Home Phone:() _____

Email Address: _____ Work Phone: () _____

Address: _____ Cell Phone: () _____

Sibling(s) Information:

Name: _____ DOB: _____ School: _____ Grade: _____

Name: _____ DOB: _____ School: _____ Grade: _____

Name: _____ DOB: _____ School: _____ Grade: _____

Name: _____ DOB: _____ School: _____ Grade: _____

Emergency Contact Information (please print name/numbers clearly):

Name: _____ Relationship: _____ Phone:() _____
Phone:() _____

Name: _____ Relationship: _____ Phone:() _____
Phone:() _____

Name: _____ Relationship: _____ Phone:() _____
Phone:() _____

****NOTE: Please notify the school of any information change****

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Medical Information:

Does your child have health insurance? Yes _____ No _____

Health Care Provider's Name _____ Phone () _____

Dentist's Name: _____ Phone () _____

Hospital Preference: _____

Please circle any of the following health problems that apply to your child:

Allergies (please list) _____ Diabetes Seizure Disorder Vision Asthma

Bone/Muscle Kidney Heart Hepatitis Other: _____

Medications: Does your child take any medications? Yes _____ No _____

If yes, please specify each medication and the reason for taking medication.

Please read and sign for each item below:

- 1 School nurse does have my parental/guardian consent to administer Acetaminophen, Ibuprofen, and/or Caladryl lotion, if indicated, and as authorized by the School Medical Advisor. Yes _____ No _____
- 2). In case of accident or illness, I request the school to contact me. If the school nurse is not able to reach me, I hereby authorize school personnel to seek emergency medical care. If my child needs to be taken to the Emergency room, I hereby authorize the physician in charge to administer emergency treatment as necessary and at my expense. Yes _____ No _____
- 3). I give permission for the nurse to share pertinent information with the appropriate school personnel when necessary. Yes _____ No _____
- 4). I give permission for the school nurse to contact my child's physician if needed. Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

****NOTE: Please notify the school of any information change******THANK- YOU**