# North Haven Middle School

## Student Emergency Information 2011-2012

**Student's Name:** ______________________________________ **DOB** ______________ **Grade:** _

**Street Address:** ______________________________________________ North Haven, CT 06473

**Student Lives With** *(circle one):* Both Parents Mother Father Grandparent(s) Other: ___________

**Ethnicity** *(circle one):* Hispanic or Latino Yes No

**Race** *(circle all that apply):* American Indian or Alaskan Native Black or African Native Native Hawaiian/Pacific Islander White Asian

**Family Information:**

**Mother/Guardian:** ____________________________ **Home Phone (___)** ___________________

**Email address:** _______________________________ **Work phone (___)** ___________________

**Address:** _____________________________________ **Cell Phone (___)** ___________________

**Father/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 1: ________________________________ 2. ____________________________________

**Name:** __________________________________ Relationship: ___________________________

Phone 1: ________________________________ 2. ____________________________________

**Name:** __________________________________ Relationship: ___________________________

Phone 1: ________________________________ 2. ____________________________________

**Complete and sign on other side**

**Medical Information:**

**Does your child have health insurance?** Yes____ No____

**Physician'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. The 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**