



Health/Emergency information

Student's name _____

Grade _____ Teacher _____ DOB _____

Parent's name _____

Step parent's name _____

Address _____

Mom work place and phone# _____ cell# _____

Dad work place and phone# _____ cell# _____

List two nearby people who will assume temporary care of your child if you cannot be reached. We must have two alternate working telephone numbers.

Name _____ phone# _____ phone# _____

Name _____ phone# _____ phone# _____

Doctor _____ Phone# _____

Health Ins. _____ policy# _____

List any health conditions such as Heart Disease, Diabetes, Asthma, Epilepsy, mental health, chronic illness. _____

Carry an EpiPen? _____

Use an inhaler or nebulizer? _____

Current medications(list all at home and school) _____



Health/Emergency information

Allow School nurse to administer: (Please check) Tylenol _____ (contains red dye) Ibuprofen _____ Cough drops _____ (contains red dye).
TUMS _____ Benedryl _____ (if needed in emergency)

I will administer tylenol, TUMS, and cough drops 2 times to your child and then I ask that you supply it for them. Please note that once a child has their own medicine at school they believe they are to come daily to receive it. I will give only as needed unless you tell me differently. Prescriptions need a signed form and the medication in its original bottle with directions/Dr. name.

Food Allergies (please list) _____

What type reaction is seen with the food allergy?

All students with Food Allergies need a signed note from their Doctor and a list of foods provided to us that they are to avoid and what you need us to provide in place of.

I, the undersigned, do hereby authorize the officials of North Mahaska CSD to contact directly the person named on this sheet, and do authorize the named physician to render verbal treatment as may be deemed necessary in an emergency. If the parents or other persons on this sheet cannot be reached, the school officials are authorized to act in their best judgement for the health of the child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I hereby release the North Mahaska School District and its designated representative from any liability concerning the giving or non-giving of non-prescription medication to the student.

Signature of parent/ guardian _____ **Date** _____