## **Muhlenberg School District EMERGENCY INFORMATION** Grade: Homeroom Teacher:\_\_\_\_\_ To the Parent/Guardian: Correct or Add Information and return to your child's Homeroom Teacher Bus #: STUDENT NAME: \_\_ First Last Middle Birthdate: / / Gender: \_\_\_\_ Primary Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_ Zip \_\_\_\_\_ Parent/guardian Name (primary contact): \_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_ Relationship\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_ Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_ Email: \_\_\_\_\_ Parent/guardian Name (second contact): \_\_\_\_\_\_ Relationship\_\_\_\_\_ Address(if different): Apt. City Zip Mobile Phone: \_\_\_\_\_\_ Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_ Email: \_\_\_\_\_ If parents are divorced or separated, who has legal physical custody? Parents should notify the district immediately if there is a change. Joint Mother Father Guardian In case of illness, emergency or accident and parent/guardian cannot be reached; the following adults are authorized to act on behalf of the parent/guardian: Relationship Phone Relationship Phone 2. Name: \_\_\_\_\_\_ 3. Name: \_\_\_\_\_\_ Relationship Phone 4. Name: Relationship Phone \*Date of your child's most recent physical examination / / location of exam \*Date of your child's **most recent dental examination** / / location of exam \* | give my permission to share necessary medical information with appropriate staff who work directly with my child in the interest of their health,

\*\*I give permission for the Muhlenberg School District Health Services licensed school nursing staff to administer over-the-counter medications (such as medication for pain, fever, stomach upset, coughing or allergic reaction) and/or emergency medications as needed according to the Muhlenberg School District's standing physician orders.

Medication Allergies (list the reaction): \_\_\_\_\_

Parent/Guardian signature Date / /

safety, and welfare.

YES	Past History	NO	Health Condition (diagnosed by medical provider)	If yes, please list explanation and the medication and/or treatment below:			
			ADD/ADHD	Medicine?			
			Asthma***	Inhaler?			
			Diabetes***, Type:	Explain:			
			Migraines***	Explain:			
			Food Allergy***	List the food and the reaction:			
		Drug Allergy List the medicine & the reaction:					
			Life Threatening Bee Allergy	List the reaction:			
			Requiring Epi-Pen**				
			G6PD***	List triggers:			
			Seizure/Epilepsy Disorder***	Last seizure:			
			Vision Issue	Has glasses or contacts(circle which one)?			
			Hearing Issue	Hearing aid?			
Emotional or Be			Emotional or Behavioral Issues	Explain:			
			Cardiac (heart) Issue	Explain:			
			Head Injury/Concussion	Explain:			
			Serious or Chronic Illness	Explain:			
			Serious Operation(s)	Explain:			
			Other	Explain:			
	***Emergency/Action Plan for care during school needs to be completed by child's Medical Provider.						

'Emergency/Action Plan for care during school needs to be completed by child's Medical Provider. These forms are available through the Health Services website or the school nurse.

above

List any medications your child is presently taking if not listed Name of Medication: Dosage How Often Reason for taking medicine

MSD Students that live in the same household:	Building	Grade	Relationship