

Shutesbury Elementary School: **EMERGENCY & HEALTH INFORMATION SHEET**

2014-2015

PLEASE PRINT:

STUDENT: _____ Date of Birth: _____ Grade: _____ Bus # _____

Address: _____ Home #: _____
(please provide both physical and mailing addresses)

Email: _____
(in case we can't reach you by phone or for an unexpected early release day)

Parent/Guardian to be called 1st: _____ Work #: _____
Cell #: _____

Parent/Guardian to be called 2nd: _____ Work #: _____
Cell #: _____

Address (if different): _____

In case we cannot reach you in the event of illness or emergency, please list two authorized persons to whom this child may be sent. This is required information

1. _____ Address & Phone: _____
2. _____ Address & Phone: _____

Health Insurance Provider: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

I hereby authorize you to call my child's physician if I cannot be reached and such a call is considered necessary:

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

HEALTH UPDATE '14-'15

Has your child had an up-to-date/current: (please circle)

Physical _____ Completed Immunizations _____ Dental Screening (mandated for enrollment into Pre-K) _____

Circle all current or active health conditions that apply to your child:

Heart Condition _____ Diabetes _____ Asthma _____ Seizure disorder _____ Migraines _____ Depression _____ ADD _____ ADHD _____

OTHER (specify): _____

Allergies (specify): Food: _____ Medication allergies: _____ Environmental: _____ Bees/hornets/wasps _____
Is your child prescribed an Epi-pen for treatment of his/her allergy? YES NO

Parent permission for medications to be administered at school, only if needed. Check YES or NO for each med.

- Neosporin/Triple Antibiotic Ointment: YES _____ NO _____
- Hydrocortisone Cream (1%): YES _____ NO _____
- Children's Benadryl: YES _____ NO _____
- Children's Tylenol: YES _____ NO _____
- Similasan Allergy Eye Relief 100% Natural Sterile eye drops: YES _____ NO _____
- Sunscreen: YES _____ NO _____
- Ibuprofen: YES _____ NO _____
- Motrin: YES _____ NO _____
- Cough Drops: YES _____ NO _____
- Orabase or Orajel: YES _____ NO _____
- Arnica (gel/pills): YES _____ NO _____

Any additional information the nursing staff should be aware of: _____

In case of the need for emergency care, I give my permission to the hospital, medical facility or physician to provide emergency care. I do understand that every attempt shall be made to contact me as soon as possible.

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

******PLEASE SEE REVERSE SIDE FOR OTHER PERMISSIONS******

PERMISSIONS

2014-2015

Dear Shutesbury Families:

There are several items for which we need to solicit specific permission. Please read the explanations, **mark those you agree to**, and sign the form. **Please sign the form even if you do not check any boxes.** Thank you.

1. The school directory (put together by the PTO) includes student names, addresses, parent names, addresses, and phone numbers. These are divided by classes.
2. The newspaper sometimes comes in to photograph and interview students for classroom and school publications.
3. Student teachers and other teachers may be required to videotape instruction for course work they're taking.
4. The Shutesbury Elementary School website may include student photos, names, video images, audio recordings, or examples of student work. Please note that student names would not accompany photos.

I give permission for _____ to be included in:

_____ the PTO directory (names, parent name, address, phone, bus)

_____ newspaper: photographs; articles

_____ video tapes

_____ school website and other online tools (ie. Wikis, blogs, Web 2.0)

Parent Signature

Date