



# Confidential Emergency Contact and Health Information Form 2025 - 2026

PLEASE COMPLETE VIA DOCUSIGN BY JUNE 30, 2025

(This form is to be completed **ANNUALLY**)

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex:  F  M Grade: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Parent/Guardian 1		Parent/Guardian 2	
Relationship		Relationship	
Primary Phone		Primary Phone	

Emergency Contact 1		Emergency Contact 2	
Relationship		Relationship	
Primary Phone		Primary Phone	

## **CURRENT HEALTH CONDITIONS:**

Check here if your child has **NO** health conditions to report (go to the next section)

**Check the health conditions/concerns that your child has NOW & that may affect your child at school**

**ADD/ADHD**

Does your child need medications at school?  YES  NO

**Severe Allergy/Anaphylaxis\*** (requiring emergency medication)

To what? \_\_\_\_\_

Does your child need medications at school to treat an allergic reaction?  YES  NO

**\*If YES, please contact RN & return Allergy Action Plan to the Health Office with the appropriate medications.**

**Allergy to foods:** (Please list food & reaction) \_\_\_\_\_

**Allergy to medications:** (Please list med & reaction) \_\_\_\_\_

**Allergy to pollen:** (Please list allergen & reaction) \_\_\_\_\_

**Allergy-other:** (Please list allergen & reaction) \_\_\_\_\_

**Asthma \*** (Contact RN)

**Diabetes\*** (Contact RN)

**Seizure Disorder\*** (Contact RN)

**Headaches**  **Migraines**  **Past Concussions** \_\_\_\_\_

**Cardiovascular Condition** (Please explain) \_\_\_\_\_

**Mental Health Diagnosis** (Please explain) \_\_\_\_\_

**Hearing Problems** (Please explain) \_\_\_\_\_

**Vision Problems:** (excluding corrective lenses) \_\_\_\_\_

**Neurological Disorder** (Please explain) \_\_\_\_\_

**GI/Bowel Disorder** (Please explain) \_\_\_\_\_

**Urinary/Kidney** (Please explain) \_\_\_\_\_

**Orthopedic Problem** (Please explain) \_\_\_\_\_

**Recent Operations/Serious injuries:** \_\_\_\_\_

**Any other significant conditions or disorders:** \_\_\_\_\_

**Additional comments/Physical limitations:** \_\_\_\_\_

Do you give your consent to share relevant health information regarding your child with appropriate school and/or emergency personnel as necessary? This would include permission for communication between the health provider and school nurse to facilitate this process.  Yes  No

**CURRENT MEDICATIONS:**

Is medication needed at home?  YES  NO

Medications Taken at Home	Dosage/Frequency	Reason
1.		
2.		
3.		

Is medication needed at school?  YES\*\*  NO

Name of Medication	Dosage/Frequency	Reason
1.		
2.		
3.		

\*\*A Medication Consent Form must be completed for a student to receive prescription medicine at school. The prescription medication must be clearly labeled prescription bottle with the student’s name and instructions as specified by the pharmacy. **This form and the form for students to carry and self-administer Epi-pen and Inhaler are available from the School Nurse.**

**PARENTAL PERMISSION FOR OVER THE COUNTER (OTC) MEDICATIONS AT SCHOOL:**

- Do **NOT** give any listed OTC medications at school.
- Only** give OTC medications indicated as “YES”

Student’s weight:

Please check “YES” to authorize school nurse/staff to give your child the following medications while on campus.

Over-the-counter medication dispensed per package directions:	Indications:	Dosage	YES	NO
Acetaminophen (generic Tylenol)	Pain reliever/fever reducer	36 - 47 lbs: 160 mg 48 - 71 lbs: 320 mg 72 - 95 lbs: 480-500 mg 96 lbs +: 500-650 mg	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (generic Advil/Motrin)	Pain reliever/fever reducer	36 - 47 lbs: 150 mg 48 - 71 lbs: 200 mg 72 - 95 lbs: 300 mg 96 lbs +: 400 mg	<input type="checkbox"/>	<input type="checkbox"/>
Tums (Calcium Carbonate)	Stomach pain/upset stomach	1 or 2 tabs (400mg ea)	<input type="checkbox"/>	<input type="checkbox"/>
Triple antibiotic ointment	Minor scrapes/cuts	As directed	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocortisone 1% lotion	Itching/skin rashes	As directed	<input type="checkbox"/>	<input type="checkbox"/>

PRINT Parent/Guardian Name

SIGNATURE

DATE

**THE INFORMATION ON THIS FORM IS VERY IMPORTANT FOR THE HEALTH AND SAFETY OF YOUR CHILD. IT IS THE PARENT’S/GUARDIAN’S RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE OR SCHOOL NURSE IF THERE ARE ANY CHANGES OR UPDATES IN YOUR CHILD’S HEALTH.**