

MEDICAL EMERGENCY RECORD

Please be as specific and detailed as possible. It allows us to provide better and more prompt care.

Does Your Child Have Health Insurance Yes___ No ___ Child's Health Insurance Company _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Child's Psychiatrist/Therapist _____ Phone _____

Child's Allergist _____ Phone _____

Child's Specialist (other) _____ Phone _____

ALLERGIES:

(including bee sting, drug, food,) _____

Allergy reaction signs/symptoms _____

My child may require an epi-pen for his/her allergy Yes _____ No _____

MY CHILD TAKES THE FOLLOWING MEDICATION(S) AT HOME:

PLEASE LIST PAST AND CURRENT HEALTH PROBLEMS, ILLNESSES, OR SURGERIES AND DATES:

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD:

Hearing problem___ Vision Problem___ Speech Problem___ Seizures___ Asthma___ Migraines___

Headaches ___ Diabetes ___ Food Intolerance ___ Celiac Disease ___ Crohn's Disease ___ Dental Problems ___

Autism ___ Asperger's ___ ADD/ADHD ___ Sensory Integration Disorder ___ Depression ___ Anxiety ___

PTSD ___ Heart Problems ___ Kidney Problems ___ Bowel/Bladder Problems ___ Emotional/Behavioral Problems ___

Bleeding Disorder ___ History of Concussion ___ Eating Disorder ___ Broken Bone ___ Sprain/Strain ___

Other _____

Is anything else you would like us to know about your child that may help us provide care to him or her during school hours? If so, please share it here:

- I give permission to the school nurse to share my child's diagnosis as well as information relative to my child's prescribed treatment for his or her condition, if necessary, with appropriate school personnel and/or after school care provider(s).

Yes ___ No ___ INITIAL HERE X _____

- I give permission to the school nurse to have mutual communication with my child's above listed dentist/physician/or other healthcare providers if a problem arises during school time and/or the condition affects activity or learning in school.

Yes ___ No ___ INITIAL HERE X _____

The health/medical information provided above is current and accurate. If something related to my child's health changes I/we will notify the school nurse.

X _____
Parent/Guardian Signature

Date

X _____
Initials