

Mooreville Schools STUDENT EMERGENCY FORM

Important Information for Nurse Use

Grade: _____

_____ Student Last Name First Name Middle Name

Circle one: Male or Female DOB: _____ Student Cell Phone Number: _____

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer Phone: _____ Employer Phone: _____

List two people who will pick up your child if you cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Other Children in household:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

List any medications taken presently (including dosage and schedule):

1.) _____ 2.) _____

3.) _____ 4.) _____

List any medical or food allergies:

Please indicate if your child is medically covered by the following, including the policy name and number:

Yes _____ No _____ CHIPS _____

Yes _____ No _____ Medicaid # _____

Yes _____ No _____ Health Insurance _____

Please check yes or no to all that apply to your child:

Yes _____ No _____ Eye Problems Comment: _____

Yes _____ No _____ Wears Glasses When: _____

Yes _____ No _____ Hearing Problems or Devices: _____

IMPORTANT – The following medical information will be released to school officials who need information to protect the health or safety of students.

Check any health conditions that your child has a medical diagnoses for:

_____ ADD/ADHD	_____ Cystic Fibrosis	_____ Hearing Loss	_____ Sickle Cell
_____ Allergies (severe)	_____ Diabetes	_____ Kidney Disease or UTI	_____ Sinus Infections
_____ Asthma	_____ Ear Infections	_____ Multiple Sclerosis	_____ Other Conditions
_____ Cerebral Palsy	_____ Epilepsy	_____ Muscular Dystrophy	

Comments: _____

**** LCSD Policy: No over the counter medication will be given to any student. Refer to LCS Handbook.**

I hereby give consent for my child to have health screenings, first aid and any emergency intervention needed at school.

Parent/Guardian Signature: _____ Date: _____