



EDUCATE. SERVE. INSPIRE.

Providing high-quality education in a safe, healthy environment and developing responsible citizens who become productive members of society.

STUDENT EMERGENCY FORM

IMPORTANT INFORMATION FOR THE SCHOOL NURSE

Grade: _____ Teacher: _____ Date: _____

Student Name: _____
Last Name First Name Middle Name

Gender: Male Female Date of Birth: ____/____/____ MSIS #: _____
Month Day Year

Student Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

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

Name _____ Relationship: _____ Phone: _____
Name _____ Relationship: _____ Phone: _____

List other children (under 21 years of age) living in the household:

Name: _____ School: _____ Age/Grade: _____
Name: _____ School: _____ Age/Grade: _____
Name: _____ School: _____ Age/Grade: _____

List any medications regularly taken by the student (include dosage and schedule):

- 1. _____ Dosage: _____ Schedule: _____
- 2. _____ Dosage: _____ Schedule: _____

List any medical or food allergies: _____

Please indicate if your child is covered by any of the following:

- Yes No CHIPS ID# _____
- Yes No Medicaid ID# _____
- Yes No Health Insurance ID# _____

Does your child have vision or hearing issues? Please check YES or NO:

- Yes No Vision Issues/Wears Glasses Comment: _____
- Yes No Hearing Issues or Devices What? _____

The following medical information will be released to school officials who have a legitimate interest in the health and safety of your student. Please check any health conditions for which your child has a medical diagnosis:

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

Other: _____

****LCSD Policy: No over-the-counter medication will be given to any student. Please refer to the LCSD Student 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: _____