



# Emergency Information

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Guardian's Employer:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Student lives with :**  Both parents  Mother  Father  Guardian  Foster Family  
 Mother & Stepfather  Father & Stepmother  Other: \_\_\_\_\_

**Custody information on file with the school?**  Yes  No  
(please check one if separated or divorced)

## Emergency Contacts (other than parents)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternative phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternative phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Physician's phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Dentists' phone:** \_\_\_\_\_

*In the event of an emergency, the school will attempt to contact the parents, guardians and emergency contact persons. If the school is unable to reach them, the undersigned authorizes the school to contact the physician listed above and follow his/her instructions. If the physician cannot be reached, the undersigned authorizes the school to make whatever arrangements it deems necessary for the health and safety of the child.*

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Campus:

- Hershey
- Lancaster
- Locust Grove
- New Danville

It is important to have this information on file in the event of a medical emergency or other emergency involving your child. Although some of this information is in our database or other school records, a hard copy of this sheet will be available for easy access in emergencies when the computers may not be operational.

**Please be sure to complete the reverse side of this form.**



# Special Health Concerns

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Asthma?  Yes  No Emergency inhaler needed at school?  Yes  No

Seizures?  Yes  No If yes, type? \_\_\_\_\_  
Date of last seizure: \_\_\_\_\_

Diabetes?  Yes  No If yes,  Type 1  Type 2  
Diet restrictions: \_\_\_\_\_

Cardiac condition?  Yes  No If yes, gym restrictions?  Yes  No

Severe Allergies?  Yes  No  peanuts  tree nuts  milk  shellfish  
 other allergies: \_\_\_\_\_

Drug allergies?  Yes  No If yes, please list: \_\_\_\_\_

Other medical conditions?  Yes  No If yes, please list: \_\_\_\_\_

Emotional problems?  Yes  No \_\_\_\_\_

Serious illness, injury hospitalization or operation?  Yes  No If yes, date: \_\_\_\_\_  
Describe: \_\_\_\_\_ Still under treatment?  Yes  No

Restrictions on physical activity?  Yes  No  
Describe: \_\_\_\_\_

## Medications (taken at home or in school)

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_ Reason: \_\_\_\_\_

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Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_ Reason: \_\_\_\_\_

glasses  contact lenses  hearing aids  ear tubes  
 other devices: \_\_\_\_\_

The school nurse may prepare a confidential list of students with significant health concerns of which teachers and staff should be aware to protect the health and well-being of those students. By signing below, you allow the nurse to share any health information she/he deems appropriate for persons caring for your child to know.

The undersigned consents to the release of immunization records, physical and/or dental exams from the student's physician's office.  Yes  No

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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