

HAMPSHIRE AND CHESTERFIELD-GOSHEN
REGIONAL SCHOOL DISTRICTS
AND THE PUBLIC SCHOOL DISTRICTS OF
SOUTHAMPTON WESTHAMPTON WILLIAMSBURG

Student Emergency Form 2009-2010

<i>STUDENT NAME</i>	<i>GRADE</i>	<i>DATE OF BIRTH</i>
Parent # 1 _____ Address _____ _____ Home phone _____ Cell phone _____ Work phone _____ Email _____	Parent # 2 _____ Address _____ _____ Home phone _____ Cell phone _____ Work phone _____ Email _____	
Student insured? yes _____ no _____ Insurance provider _____ Address _____ Policy # _____	Physician _____ Address _____ Phone _____ Dentist _____ Address _____ Phone _____	
If we are unable to reach either parent, please provide names of responsible adults that may be contacted to pick up your student for emergency/illness Name _____ Address _____ Phone _____ Name _____ Address _____ Phone _____		
Please list specific individuals that DO NOT have permission to pick up your student Name _____ Name _____		
List allergies, illness, disabilities and any medications taken routinely		
List specific emergency instructions or precautions should your child be taken to the hospital via ambulance		
Standing Medication Orders: Please indicate below if you allow consent for the school nurse to administer medications to your student during school hours. Tylenol 325 to 650 mg every 4 hours as needed for pain YES ___ NO ___ Ibuprofen 200 to 600 mg every 4 to 6 hours as needed for pain YES ___ NO ___ Benadryl 25 mg 1 to 2 tablets for allergic reaction. YES ___ NO ___ Tums 1 to 2 tablets as need for stomach upset /indigestion YES ___ NO ___ Calamine lotion to skin for minor irritations YES ___ NO ___ Antibiotic cream to skin for minor abrasions YES ___ NO ___ Hydrocortisone cream 1% to skin for minor irritations YES ___ NO ___		
I give permission to disclose this information to authorized school and emergency personnel. _____ signature parent #1		
_____ signature parent #2		rev4/09