Medical Emergency Information Form

Last Name	First Name	Birthday (/ /)	Sex (M F)	Ride Bus? (Yes or No)

Student's Address	Home Phone #	Grade/Teacher

Place a number in the blank to the left of each phone number listed below to indicate your order of preference to call in case of an emergency. Please notify the school when any of this information changes.

Mother _____ ____Home Ph_____ ____Cell Ph_____
First Last
Place of Employment _____ ____ Work Ph_____

Father _____ ____Home Ph_____ ____ Cell Ph_____
First Last
Place of Employment _____ ____ Work Ph _____

Additional Emergency Contacts:

Name_____ Relationship_____ ____Ph_____
Name_____ Relationship_____ ____Ph_____
Name_____ Relationship_____ ____Ph_____
Name_____ Relationship_____ ____Ph_____

DR._____ Group_____ ____Ph_____

Does this Student have? (Circle Yes or No)

Yes No Asthma Yes No Diabetes Yes No Emotional problems
Yes No Kidney problems Yes No Bowel problems Yes No Bone/Joint problems
Yes No Vision problems Yes No Hearing problems Yes No Speech problems
Yes No Glasses Yes No Contacts
Yes No Any other assistive devices? Describe_____
Yes No Seizure Disorder – Type and Frequency_____
Yes No Heart problem – Any limitations?_____
Yes No Attention Deficit Hyperactivity Disorder (ADHD) Yes No Attention Deficit Disorder(ADD)
Yes No Known allergy to bee sting? Check symptoms: difficulty breathing ____ swollen eyes_____
unusual swelling _____ nausea/vomiting _____
Yes No Known **food allergies**? Food_____ Reaction _____
Yes No Known **medication allergies**? Medication _____ Reaction _____
Yes No Any other allergies? List and give symptoms _____
List any other health conditions _____
Medications taken on a regular basis _____
Other children from this family attending school at Liberty this year are:
Name _____ Grade_____ Name_____ Grade_____
Name _____ Grade_____ Name_____ Grade_____
Name _____ Grade_____ Name_____ Grade_____

I give my permission to the school and the nurse to obtain, disclose, and discuss health information from my child's physician when indicated.

Date _____ Parent/Guardian Signature_____