WOLCOTT PUBLIC SCHOOLS HEALTH SERVICES
EMERGENCY CONTACT
2022-2023

STUDENT INFORMATION

Name _____ Birth date _____

Address _____ Home tel. # _____

Grade_____ Teacher _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name _____ Home tel. # _____

Address if different from above _____ Place of Employment _____

Work tel. # (w. ext.) _____ Cell tel. # _____ Email _____

Mother/Guardian Name _____ Home tel. #_____

Address if different from above _____ Place of Employment _____

Work tel. # (w. ext.) _____ Cell tel. # _____ Email _____

Student lives with: Both parents ☐ Mother ☐ Father ☐ Other ☐ Please specify _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting noncustodial parents or others from contact with the child. Provide the principal with a copy of the order.

LOCAL CONTACT INFORMATION

Those designated below are authorized to pick up my child from school in an emergency:

Local contact's name _____ Relationship to child _____

Home tel. # _____ Work tel. # (w. ext.) _____ Cell tel. # _____

Local contact's name _____ Relationship to child _____

Home tel. # _____ Work tel. # (w. ext.)_____ Cell tel. # _____

Local contact's name _____ Relationship to child _____

Home tel. # _____ Work tel. # (w. ext.)_____ Cell tel. # _____

MEDICAL/PHYSICIAN INFORMATION

Does your child have medical insurance? Yes ☐ No ☐

List student's known food, drug, insect allergies or medical conditions _____

_____ EpiPen prescribed? Yes ☐ No ☐

If Epipen is prescribed, student must have a doctor authorization form on file in the school nurse's office.

*Medical information will be shared with appropriate personnel.

Food allergy info will be shared with food service dept.

Does your child have asthma? Yes ☐ No ☐ What medication is your child taking for asthma? _____

_____

Doctor's name _____ Tel. # _____

Hospital preference _____

Insurance company _____

Dentist's name _____ Tel. # _____

In a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.**Parent/Guardian signature** _____ Date _____

Please keep a copy of this form for your records. *****Please update your school immediately if any information changes.*****