

Medical Emergency Information Form

CVU Health Office 2010-2011

This information is needed at the beginning of *each* school year as health conditions and medications can change. We use this information for health care management and emergencies. Please be sure to call us at 482-7185 if changes in information occur during the school year.

Student Name: _____ Date of Birth _____ YOG _____ M/F

Does your child have any emotional or physical health problems, illnesses or disabilities that the school nurses, teachers and/or coaches should be aware of? _____

Any injuries or hospitalizations? If so, please explain: _____

Medication taken on a regular basis? If so, list the following: Drug/Dosage/Frequency (taken at home or school): _____

*If your child has received any vaccinations in the past year please attach a copy of the physician's immunization record or fax it to the Health Office at 482-7108. Doctor's orders for medications to be administered at school can also be faxed.

Child's local doctor: _____ Phone _____

Child's local dentist: _____ Phone _____

Is your child covered by the following? Health Insurance *yes no* Dental Insurance *yes no*

Has your child been seen in the last year for a well child exam? *yes no*

Has your child been seen for a dental check-up in the last year? *yes no*

****Occasionally a health need occurs that can be handled with over the counter (OTC) medications, i.e. Tylenol, Advil, Sudafed. High school students are encouraged to take responsibility for managing their personal health needs and are permitted to bring their own OTC meds to school for their own personal use. They MUST be in the original container and may NOT be given out to other students. The school nurse will also provide these medications, if needed, as long as this form is signed and submitted to the Health Office.**

++In case of an accident or illness, I request the school nurse to contact me. If unable to reach me I hereby authorize the school personnel to seek emergency medical care, including transportation to the emergency department. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Parent's Signature: _____ **Daytime phone** _____ **Date:** _____

****Alternate person who can excuse and/or pick-up your child in case of illness:**

Name: _____ **Relationship to child** _____ **Daytime phone** _____

If you have any questions or concerns please contact us in the Health Office at 482-7185