



STUDENT EMERGENCY INFORMATION FORM

SCHOOL YEAR _____

Child's Last Name	Child's First Name	Date of Birth	Grade
-------------------	--------------------	---------------	-------

List each person with permission for emergency pick up. Begin the list with at least ONE PARENT/GUARDIAN and continue in the order you wish us to follow. **ALL PERSONS LISTED MUST BE LOCAL AND MUST BE ABLE TO PICK UP THE CHILD IMMEDIATELY.** This contact list will also be used in the event of an emergency evacuation at school or unexpected early dismissal.

Full Name-PARENT/GUARDIAN	Relationship to Child	Cell Phone	Other Phone
Full Name	Relationship to Child	Cell Phone	Other Phone
Full Name	Relationship to Child	Cell Phone	Other Phone

In the case of an accident or serious illness, I request that Sacred Heart School contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements are in the best interests of my child.

Parent/Guardian Signature: _____ Date: _____

REGULAR DISMISSAL PLAN: ___ Car Line ___ Walker Line if not dismissed to After Care
--

* POTASIMUM IODIDE (KI) PERMISSION: I give permission for my child to receive potassium iodide in the event of a radiological emergency as outlined in the SHS Handbook.	<u>YES</u>	<u>NO</u>
---	------------	-----------

Please indicate YES or NO for the following permission items:	YES	NO
HANDBOOK: I/We have read the Parent-Student Handbook found on the SHS website.		
INTERNET PERMISSION: I grant my child permission to use the internet as per the SHS Handbook.		
STUDENT LIKENESS PERMISSION: - I permit my child's likeness to be used by SHS on the school's website, in newspaper articles, in school slideshows and printed materials, and the school's social media accounts.		
- I agree to the above, but do not include their name with the likeness.		
PARENTSWEB DIRECTORY: The directory is made available ONLY to parents/guardians of SHS students via ParentsWeb access. We will only publish the information your family grants us permission to:		
Parents'/Guardians' Names		
Parents'/Guardians' Address		
Parents'/Guardians' Home Phone		
Parents'/Guardians' Cell Phone		
Parents'/Guardians' Email		

STUDENT HEALTH INFORMATION

Latest physical with immunizations must be provided with this health form. Provided Not Provided

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

Sacred Heart School has a number of over-the-counter medications (such as Tylenol and Benadryl) available.

Please indicate below your preference in administering these to your child.

I authorize the school nurse, or her designee, to use their discretion in administering over-the-counter medications to my child.

I prefer to have the school nurse, or her designee, phone me before administering over-the-counter medication to my child.

Parent/Guardian Signature _____ Phone _____ Date _____

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATIONS

Prescription Medications **MUST** be accompanied by a written order from the prescriber or prescriber must fill out below.

The medicine must be delivered to the school nurse by an adult in the pharmacy container labeled with the child's name, the physician's name, the name of the medication, and the instructions. Not more than a 30-day supply will be accepted at a time.

Name of Medication	Dose	
Frequency	Start Date	End Date
Diagnosis		
Side Effects		
Other medications the child is taking		

Physician's Signature _____ Date _____

ALLERGIES

If your child has food or medication allergies, please indicate below and contact the school nurse for an individual Health Care Plan for your child. The plan identifies the allergy and symptoms, provides an emergency action plan, and includes a prevention plan.

Type of Allergy	Reaction	Treatment
Type of Allergy	Reaction	Treatment
Type of Allergy	Reaction	Treatment
Type of Allergy	Reaction	Treatment

OTHER HEALTH CONDITIONS If your child has other health conditions (asthma, ADD, etc.) indicate below:

Indicate condition	Well controlled? Yes or No	Additional information
Indicate condition	Well controlled? Yes or No	Additional information
Indicate condition	Well controlled? Yes or No	Additional information

ADDITIONAL COMMENTS If you wish to add any additional comments that will help the school nurse to keep your child safe and healthy, please attach an additional sheet.