

**WOLCOTT PUBLIC SCHOOLS HEALTH SERVICES
EMERGENCY CONTACT
2011-2012**

STUDENT INFORMATION

Name _____ Birth date _____
Address _____ Home tel. # _____
Grade _____ Teacher _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name _____ Home tel. # _____
Place of Employment _____
Work tel. # (w. ext.) _____ Cell tel. # _____ Email _____
Mother/Guardian Name _____ Home tel. # _____
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 _____