

MIDDLETOWN SCHOOL DISTRICT HEALTH SERVICES EMERGENCY INFORMATION

SCHOLAR'S NAME _____ SCHOOL YEAR _____ GRADE _____ HOME PHONE _____

SCHOOL _____ RETURNING SCHOLAR ___ NEW ___ PREVIOUS SCHOOL'S NAME & PHONE # _____

DATE OF BIRTH _____ MALE ___ FEMALE ___ HOME ADDRESS _____

Please describe any new or ongoing HEALTH CONDITION that the School Nurse should be aware of to help your scholar while he/she is at school. Please include any ALLERGIES your child may have and the necessary treatment:

Please list any medication that your scholar is currently taking: _____

If your scholar requires any medication during school hours, please contact the School Nurse for the required permission forms. The medication must be brought to the School Nurse by the parent/guardian in the original prescription bottle with the pharmacy label.

Scholar's Health Care Provider _____ Phone # _____

Mother/Guardian Name Cell Phone # Place of Employment During Day Work Phone #

Father/Guardian Name Cell Phone # Place of Employment During Day Work Phone #

If my scholar needs to be taken home because of a minor illness or injury and I cannot be reached, please call:

Name Relationship to Child Phone Number

Name Relationship to Child Phone Number

Name Relationship to Child Phone Number

PERSONS SIGNING OUT SCHOLARS MUST PROVIDE A VALID FORM OF PHOTO IDENTIFICATION.

I understand that this confidential information will be shared with the school personnel deemed appropriate by the health professional in my scholar's building. In case of a serious illness or injury when parents or emergency numbers cannot be contacted, please have my scholar transported to the nearest emergency room by ambulance, accompanied by authorized school personnel, if necessary. I realize that the school district cannot assume responsibility for the payment of expenses incurred. I certify that all of the above information is correct.

Parent's/Guardian's signature _____ Date _____

The Middletown School District asks parents/guardians to keep their scholars home from school if they show any signs of significant illness. If your scholar has had a fever (above 100.4 degrees F), he/she should not return to school until his/her temperature has been normal for at least 24 hours. Please have any rash or eye redness checked by your health care provider to determine whether the condition is contagious and may require treatment. If your scholar has a significant injury, please inform the School Nurse so that necessary modifications can be made for your scholar's safety until his/her injury resolves.

THANK YOU FOR RETURNING THIS FORM TO YOUR SCHOLAR'S SCHOOL NURSE AS SOON AS POSSIBLE!