

EMERGENCY CALL FORM

School Year 2019 - 2020

Dear Parents,

We want to assist you in your child's health care in every way possible. We must know if your child has special health needs, such as medications and/or health conditions. Please return this form to your child's school as soon as possible.

ONLY a Legal Guardian can fill out and sign this Emergency Call Form!!

Student's Name: _____

Grade: _____ Birth Date: _____

Address: _____ City, State, and Zip Code: _____

PARENT/LEGAL GUARDIAN 1
(In Household)

PARENT/LEGAL GUARDIAN 2
(In Household)

Name _____

Name _____

Home/Cell Phone _____

Home/Cell Phone _____

Business Name and Position _____

Business Name and Position _____

Business Phone and Ext. _____

Business Phone and Ext. _____

Email Address: _____

Email Address: _____

Who else has permission to pick up your child that we may call in case of an emergency?
(NAMES & NUMBERS MUST BE DIFFERENT FROM THOSE LISTED ABOVE):

1. Name & Relationship: _____ Phone #: _____

2. Name & Relationship: _____ Phone #: _____

3. Name & Relationship: _____ Phone #: _____

PLEASE LET US KNOW OF ANY CHANGES

Please list below any health conditions such as heart problems, asthma, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic or other conditions that we should know about: (NOTE: **If you list asthma you must provide the school with an inhaler** or indicate that your child must carry their inhaler with them. Also, **if you note severe allergic reaction, you must provide your child's school with epi pen**): _____

Please list any medications that the student is currently taking and specify if he/she will be taking it at school: _____

Please note that every attempt will be made to reach a parent before transporting a child to an emergency facility:

RELEASE OF INFORMATION:

I hereby authorize emergency medical services for this student. I give VBSD staff permission to give my child first aid treatment with OTC ointments and pain relieving sprays, cough drops, band-aids and bandages. I hereby authorize the Van Buren School District Health Services to share or discuss my child's health issues with any *pertinent* person.

Parent/Legal Guardian Signature _____ Date _____

REMEMBER:

IT IS THE RESPONSIBILITY OF THE PARENTS TO NOTIFY YOUR CHILD'S SCHOOL OF PHONE AND ADDRESS CHANGES!

****If your child has a medical condition that you would like to discuss with the nurse personally, please call your child's school to make an appointment****