

Student Emergency Card

Student Name: _____ Birthdate: _____ Grade _____

1. _____ Cell/Home _____ Work _____
(Parent/ Guardian)
2. _____ Cell/Home _____ Work _____
(Parent/ Guardian)
3. _____ Cell/Home _____ Work _____
(Name and Relationship to Student)
4. _____ Cell/Home _____ Work _____
(Name and Relationship to Student)
5. _____ Cell/Home _____ Work _____
(Name and Relationship to Student)

Please provide us with an accurate health history and summary of current health related needs so that we can provide optimal care daily and in case of an emergency; use back of page if needed.

Asthma: Yes / No **Convulsions/Seizures:** Yes / No **Allergies:** Yes / No **Activity Restrictions:** Yes / No

Medical Conditions (ADHD, diabetes, cardiac or bleeding anomalies, etc.- please provide as much information as possible)

Current Medications (name, dose, and reason prescribed) _____

Allergies & Student Reaction (Food, medication, bee sting, etc.) _____

Surgeries, Hospitalizations or test results _____

Emotional/Behavioral Problems _____

Glasses and/or hearing aids _____

Student's Physician: _____ Physician's phone _____

CONSENT FOR TREATMENT OF CHILD

In case of emergency, accident or illness, the nurse will follow school procedures as outlined by Provident's School Physician.

If needed after assessment, the nurse may also treat my child with the following:

Tylenol (acetaminophen): Yes / No **Antacid** (Tums): Yes / No **Benadryl** (diphenhydramine hcl): Yes / No **Motrin** (ibuprofen): Yes / No
(For pain or fever) (For stomachache) (For allergic reaction/ allergy symptoms) (For pain or fever)

With my signature, I give consent for the school to carry out all of the items indicated "yes".

My signature also gives consent for school staff to access emergency card on a need to know basis for academic success and emergency plans.

Parent/Guardian Name: _____ Signature: _____ Date: _____