

COCHRANE—FOUNTAIN CITY SCHOOL DISTRICT
STUDENT EMERGENCY FORM 2018-19

Student's Name			
Date of Birth		Current Grade	

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1		Home Phone	
Home Address		Cell Phone	
Email		Relationship	
Employer		Employer Phone	

Parent/Guardian 2		Home Phone	
Home Address		Cell Phone	
Email		Relationship	
Employer		Employer Phone	

INSURANCE/PROVIDER INFORMATION

Insurance Company		Insurance ID #	
Doctor/Clinic		Phone	
Hospital		Phone	
Dentist		Phone	

EMERGENCY CONTACT INFORMATION (Other than parent/guardian)

Contact Name 1		Home Phone	
Relationship		Cell Phone	

Contact Name 2		Home Phone	
Relationship		Cell Phone	

MEDICAL CONDITIONS (Asthma, bee stings, food allergies, etc.)

*	<input type="checkbox"/>	Contacts
*	<input type="checkbox"/>	Glasses
*	<input type="checkbox"/>	Ear Tubes

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

MEDICATIONS TAKEN REGULARLY (If taken at school, must have a permission slip on file.)

Medication Name		Dosage	
Medication Name		Dosage	
Medication Name		Dosage	

HEALTH EXAM DATES (Since start of previous school year)

Physical Exam		Provider	
Dental Exam		Provider	
Optical Exam		Provider	

IMMUNIZATIONS RECEIVED IN LAST YEAR (Indicate Date)

HEP A		IPV—Polio	
HEP B		Varicella	
MMR		Meningococcal	
HPV		DTP/Tdap/Td/DTap	

Information on this form is shared with appropriate school personnel for the health and safety of our students. If you have any questions regarding any health information, please contact the school nurse. Please notify the office/nurse of any changes to the above information.

If an illness or injury requiring emergency medical evaluation/treatment occurs and none of the listed individuals can be contacted, I give the school permission to call for emergency medical services and/or transport the above named child to the nearest medical facility for medical evaluation/treatment. I understand this permission applies for any school sponsored activity, within or outside of the school district. I hereby give the ambulance team, the hospital, and the physician in charge permission to carry out the necessary emergency procedures and treatment for life-threatening conditions if the school authorities and hospital personnel are unable to reach any of the above listed individuals.

I, the parent/guardian, agree to assume all responsibility and expenses, including transportation, incurred by the necessary procedures for any emergency care.

Parent/Guardian Signature	Date
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