

# ANNUAL NURSE EMERGENCY FORM

SCHOOL YEAR: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE/TEACHER: \_\_\_\_\_

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Student	Gender	Date of Birth
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Home Address	Home Phone
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Parent/Guardian Name
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Parent/Guardian Home Address (including city/town and state)	Home Phone	Cell Phone
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Parent/Guardian Business Address (including city/town and state)	Business Phone
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Parent/Guardian E-Mail Address
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Parent/Guardian Name
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Parent/Guardian Home Address (including city/town and state)	Home Phone	Cell Phone
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Parent/Guardian Business Address (including city/town and state)	Business Phone
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Parent/Guardian E-Mail Address
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Sibling's Name	Gender	Date of Birth	School
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Sibling's Name	Gender	Date of Birth	School
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Sibling's Name	Gender	Date of Birth	School
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**Emergency Numbers *(person to call if parent/guardian cannot be reached):***

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Name	Phone	Relationship
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Name	Phone	Relationship
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***(PLEASE CONTINUE ON PAGE 2)***

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Student's Name

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Doctor

Phone

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Dentist

Phone

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Orthodontist

Phone

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\*Insurance Provider and Number

\*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care. Please contact the school nurse for more information. All communications will be confidential.

**List Allergies:** (Please circle life-threatening allergies) \_\_\_\_\_

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**Has your child been prescribed an EpiPen or EpiPen Jr.?** (Please check yes or no) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Health Concerns:** (including serious illness, accident, condition limiting full participation in school) \_\_\_\_\_

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**List All Medications:** \_\_\_\_\_

**Permission to Administer Medications:**

Permission to administer over-the-counter medications (Tylenol, Advil, Benadryl, antacids, or generic equivalents) as prescribed by the School Physician *requires annual* parent/guardian signature:

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Parent/Guardian Signature

Date

**Consent:**

By my signature, I hereby consent to the disclosure of information contained on this form to Weston Public School personnel, medical professionals and others as deemed appropriate.

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Parent/Guardian Signature

Date