WESTON PUBLIC SCHOOL
ANNUAL NURSE EMERGENCY FORM

SCHOOL YEAR: ___________ **SCHOOL:** ___________ **GRADE/TEACHER**: ______________

Student Gender Date of Birth

Home Address Home Phone

Parent/Guardian Name

Parent/Guardian Home Address (Including city/town and state) Home Phone Cell Phone

Parent/Guardian Business Address (Including city/town and state) Business Phone Business Phone

Parent/Guardian Email Address

Parent/Guardian Name

Parent/Guardian Home Address (Including city/town and state) Home Phone Cell Phone

Parent/Guardian Business Address (Including city/town and state) Business Phone Cell Phone

Parent/Guardian Email Address

Sibling's Name Gender Date of Birth School

Sibling's Name Gender Date of Birth School

Sibling's Name Gender Date of Birth School

Emergency Numbers ***(person(s) to call if parent/guardian cannot be reached)*****:**

Name Phone Relationship

Name Phone Relationship

(PLEASE CONTINUE ON PAGE 2)

____

Student's Name

____

Doctor Phone

____

Dentist Phone

____

Orthodontist Phone

____

*Insurance Provider Member ID

*If you have no insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care. Please contact the school nurse for more information. All communication 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/sports)*** _______

____

____

List All Medications: ____

____

Permission to Administer Medications: Permission to administer **ALL** listed medications below _______

Or

Permission to administer **only selected** medications: ☐ Tylenol, ☐ Ibuprofen, ☐ Benadryl, ☐ Antacids, ☐ Blistex, ☐ Calamine lotion, ☐ Vaseline, ☐ 60% hand sanitizer, ☐ Insect repellent, ☐ Sunscreen, ☐ Bacitracin)

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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 on a need to know basis to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment to meet my child's health and safety needs.

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Parent/Guardian Signature Date