

ANNUAL NURSE EMERGENCY FORM

SCHOOL YEAR: _____ SCHOOL: _____ GRADE/TEACHER: _____

Student	Gender	Date of Birth
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Home Address	Home Phone
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Parent/Guardian Name

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

Parent/Guardian Name

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

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):*

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

Student's Name

Doctor

Phone

Dentist

Phone

Orthodontist

Phone

*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) _____

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) _____

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:

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.

Parent/Guardian Signature

Date