

**SAN BRUNO PARK SCHOOL DISTRICT
Annual Medical Emergency Form**

School Year 2018-19
 New Information

School : _____ Grade: _____ Teacher: _____

Student Information:

Last Name First Name Middle Name Birthdate M / F Sex
() _____
Home Phone Address City Zip

PARENT INFORMATION: With whom does the student live? Parents Mother Father Shared Custody Guardian
 Sole Custody -- Mother or Father (circle one)

Father/Guardian	Mother/Guardian
Name _____	Name _____
Address (if different from student) _____	Address (if different from student) _____
Street: _____	Street: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Home Phone: () _____	Home Phone: () _____
Work Phone: () _____	Work Phone: () _____
Cell Phone: () _____	Cell Phone: () _____

EMERGENCY CONTACTS - The following information is required in the event your child becomes ill, injured, or in the event of any emergency or major disaster, the school may call or my child may be released to any of the people listed below.

Relationship	NAME	DAYTIME PHONE NUMBER	DAYTIME CELL NUMBERS
		()	()
		()	()
		()	()
		()	()
DAYCARE PROVIDER		()	()

Doctor's Name _____ Telephone _____
Hospital _____ Telephone _____
Insurance Company _____ Insurance ID# _____ Plan Number _____
Dentist's Name _____ Telephone _____

NO HEALTH ISSUES

MEDICAL CONDITIONS: (√ all that apply)

- On Medication If so, name of medication: _____
 Allergies If so, allergic to what: _____
 Limited PE If so, limited to what: _____
 Heart Problems Seizure Disorders Asthma Religious Dietary Restrictions _____
 Diabetes Glasses/Contacts Hearing Problems

******* NOTE *******

If it is necessary for your child to take medication at school, you must provide the school with the physician's written instruction and your written permission. Medication at school must be kept in the original pharmacy container. No medicine of any kind (prescriptions or non-prescription drugs including aspirin or aspirin substitutes) will be given at school unless the above conditions are met.

I CONSENT FOR EMERGENCY TREATMENT if it is deemed necessary by the school authorities and after all efforts to reach the parent or designated adult have failed. Your son/daughter will be taken by ambulance **at parent's expense** to the nearest emergency facility.

I WILL NOTIFY THE SCHOOL EACH TIME THERE IS A CHANGE IN ANY OF THIS INFORMATION.

Parent Signature _____ Date _____