



The difference is balance.

Emergency Contact & Health Information Form 2022 - 2023

PLEASE COMPLETE AND EMAIL DEBORAH MULVIHILL, ADMINISTRATIVE COORDINATOR @ dmulvihill@stmichael.net BEFORE JULY 22nd, 2022.

Student's Name: Birth date: Gender: Grade:

Physician's Name: Physician's Phone:

Parent/Guardian 1	<input type="text"/>	Parent/Guardian 2	<input type="text"/>	Primary Emer. Contact	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>	Relationship / Phone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>	Secondary Emer. Contact	<input type="text"/>
				Relationship / Phone	<input type="text"/>
Phone	<input type="text"/> <input type="checkbox"/> Work <input type="text"/> <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone	<input type="text"/> <input type="checkbox"/> Work <input type="text"/> <input type="checkbox"/> Cell <input type="checkbox"/> Home	My child CANNOT be released to:	<input type="text"/>

CURRENT HEALTH CONDITIONS*: Please check here if your child has NO health conditions to report (Fill in the health conditions/concerns that your child has NOW & that may affect your child at school)

Asthma <input type="text"/>	Mental Health Diagnosis <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Other <input type="text"/>
Severe Allergy/Anaphylaxis* (requiring emergency medication) To what? <input type="text"/> Do you need medications at school to treat an allergic reaction? <input type="checkbox"/> No *If YES, please contact RN & return Allergy Action Plan to the Health Office with the appropriate medications. Allergy to medications: (Please list med & reaction) <input type="text"/>	Hearing Problems: <input type="text"/> Vision Problems: (excluding corrective lenses) <input type="text"/> Neurological / Seizure Disorder: <input type="text"/> Heart/Cardiovascular Condition: <input type="text"/> GI/Bowel Disorder: <input type="text"/> Diabetes: <input type="text"/>
Allergy to foods: (Please list food & reaction) <input type="text"/>	Orthopedic Problem: <input type="text"/>
Allergy to insect bites: (Please list insect & reaction) <input type="text"/>	Urinary/Kidney: <input type="text"/>
Environmental allergan: (trees, grass, pollen, etc.) <input type="text"/>	Recent Operations/Serious injuries: <input type="text"/>
<input type="checkbox"/> Headaches <input type="checkbox"/> Migraines <input type="checkbox"/> Past Concussions Check those that apply and explain: <input type="text"/>	

Do you give your consent to share relevant health information with appropriate school and/or emergency personnel as necessary?

This would include permission for communication between the health provider and school nurse to facilitate this process. Yes No

List of Medication needed at home

Name of Medication	Dosage/Frequency	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List of Medication needed at school

Name of Medication	Dosage/Frequency	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

A Medication Consent Form must be completed for a student to receive prescription medicine at school. The prescription medication must be clearly labeled prescription bottle with the student's name and instructions as specified by the pharmacy. **This form and the form for students to carry and self-administer Epi-pen and Inhaler are available from the School Nurse.

Parental Permission for Over-the-Counter Medications: **Please check Dosage box to authorize school nurse/staff to give your child the following medications while on campus.**

Over-the-counter medication dispensed per package directions:	Indications:	Dosage (please check)
Acetaminophen (generic Tylenol)	Pain reliever/fever reducer	<input type="checkbox"/> 36-47 lbs: 160 mg <input type="checkbox"/> 72-95 lbs: 480-500 mg <input type="checkbox"/> 48-71 lbs: 320 mg <input type="checkbox"/> 96lbs +: 400 mg
Ibuprofen (generic Advil/Motrin)	Pain reliever/fever reducer	<input type="checkbox"/> 36-47 lbs: 160 mg <input type="checkbox"/> 72-95 lbs: 480-500 mg <input type="checkbox"/> 48-71 lbs: 320 mg <input type="checkbox"/> 96lbs +: 400 mg
Antacid (Calcium Carbonate)	Stomach pain/upset stomach	<input type="checkbox"/> 1 Tablet (400 mg ea) <input type="checkbox"/> 2 Tablets (400 mg ea)
Triple antibiotic ointment	Minor scrapes/cuts	<input type="checkbox"/> As directed
Hydrocortisone 1% lotion	Itching/skin rashes	<input type="checkbox"/> As directed

PARENT/GUARDIAN NAME SIGNATURE DATE

*This form's information will be kept confidential, shared only on a need-to-know basis and used only in an emergency.
They will be maintained in a confidential and secure manner, but in a way they can be swiftly accessed when needed.*

**THE INFORMATION ON THIS FORM IS VERY IMPORTANT FOR THE HEALTH & SAFETY OF YOUR CHILD.
IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE OR SCHOOL NURSE IF THERE ARE ANY CHANGES OR UPDATES IN YOUR CHILD'S HEALTH.**

THANK YOU!