

HEALTH ROOM EMERGENCY INFORMATION FORM- COATESVILLE AREA SCHOOL DISTRICT

Last Name _____ First Name _____ Male/Female Birthdate _____ Grade/Rm _____

Home Address _____ City _____ Zip _____ Home Phone _____

Student lives with: ___ Mother ___ Father ___ Guardian- Guardian's Name _____

PARENT #1 _____ PARENT #2 _____

Employer _____ Employer _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Email _____ Email _____

Who should we contact first? _____

If PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

Name _____ Relationship to Student _____ Daytime Phone Number _____

1. _____

2. _____

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE THE FOLLOWING MEDICATIONS AT SCHOOL:

Acetaminophen (Generic Tylenol) Yes _____ No _____

Ibuprofen (Generic Motrin/Advil) Yes _____ No _____

Diphenhydramine (Generic Benadryl) Yes _____ No _____

Essence of Peppermint (for stomach aches) Yes _____ No _____

Tums/Maalox (for stomach aches) Yes _____ No _____

MEDICAL HISTORY

Is your student allergic to ANYTHING? Please list reaction and treatment _____

Does your child need an EpiPen for any of these allergies? ___ Yes ___ No Which allergy? _____

Does your student regularly take any medication at HOME or at SCHOOL ___ Yes ___ No

What is the medication/dose and what for? _____

Please circle any current medical conditions or concerns: ASTHMA DIABETES SEIZURES LYME DISEASE

HEART PROBLEMS ADD/ADHD ANXIETY DEPRESSION MIGRAINES OTHER _____

Does your child wear (Circle if YES) GLASSES CONTACTS HEARING AIDE BRACES OTHER _____

Doctor _____ Phone _____ Last visit _____

Dentist _____ Phone _____ Last visit _____

Other doctor/specialist _____ Phone _____ Last visit _____

INSURANCE INFORMATION Insurance Co _____ Policy # _____

Does your student have Dental Insurance? Yes _____ No _____ Vision Insurance? Yes _____ No _____

FAMILY INFORMATION – names of brothers/sisters attending Coatesville Area School District

Name _____ Gr _____ Teacher _____ School/Building _____

Name _____ Gr _____ Teacher _____ School/Building _____

DOCUMENTATION OF PRIVATE EXAMS IS DUE BY JANUARY 1 OF THE SCHOOL YEAR IN WHICH THEY ARE REQUIRED AND CAN BE DONE FROM SEPTEMBER 1 OF THE PREVIOUS SCHOOL YEAR. PLEASE INDICATE YOUR PREFERENCE (School exams are free of charge and are given during the school day. Contact the School Nurse if you wish to be present):

PHYSICAL (Required in Kindergarten, 6th Grade, and 11th Grade)

_____ SCHOOL EXAM (Please complete the HEALTH HISTORY PAGE OF THE PRIVATE/SCHOOL PHYSICAL FORM)

****PLEASE NOTE THAT IMMUNIZATIONS ARE NOT GIVEN AT SCHOOL****

_____ PRIVATE EXAM (documentation can be on the "official form" or print-out from your doctor)

DENTAL EXAM (Required in K, 3rd Grade, and 7th Grade) _____ SCHOOL EXAM _____ PRIVATE EXAM

I also give my permission for the information on this form to be shared with appropriate school personnel. I authorize the health personnel to release to, and obtain information from, the family health care provider (immunizations, diagnoses, treatment, exams).

Signature of Parent/Legal Guardian

Date