

Health Office Emergency Information

Student Name: _____ Grade: _____ DOB _____

Emergency Contacts:

#1 _____ Home: _____ Cell: _____ Work: _____

#2 _____ Home: _____ Cell: _____ Work: _____

#3 _____ Home: _____ Cell: _____ Work: _____

We will make every effort to reach you via phone/cell.

Email Address: _____

I have submitted my child's:	Yes	No
Physical dated within 1 year	___	___
Current immunization record	___	___
Current CCA Medical History Form	___	___

Health Concerns / Disabilities / Medical Problems:

The ultimate responsibility for medical care of a student rests with the parent/guardian. In event of an emergency, the Franklin Emergency Services (EMS) may be called to evaluate the injured / ill student. Parents/Guardians will be notified when an emergency occurs.

I give permission for health information to be shared with members of the school staff who have responsibility for my child. I understand that it is my responsibility to notify the school nurse of any change in medical status, medications or allergies.

Parent / Guardian Printed Name : _____

Parent / Guardian signature: _____ Date: _____