

ILLNESS AND INJURY RESPONSE AND PREVENTION
(Emergency Information Form–Student)

Student Information

Name: _____ / _____ / _____ Age: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____ Phone: _____

Grade: _____ Bus #: _____ Homeroom or Classroom Teacher: _____

Parent/Guardian Information

The following information is to be completed by the parent/guardian. To serve your child in case of injury or sudden illness, it is necessary that you furnish the following information:

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: _____
Relationship to Student: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Employer: _____

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: _____
Relationship to Student: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Employer: _____

FILE: EBBA-AF1
Critical

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: _____			
Relationship to Student: _____			
Address: _____			
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	Employer: _____

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: _____			
Relationship to Student: _____			
Home Address: _____			
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	Employer: _____

Does the student have siblings in the district? If so, list each child. Please include both first and last names and the school they attend.

First Name	Last Name	Relationship	School Building	Grade

In case of emergency, injury or serious illness of the above-named student, the school will contact the student's parents. If school personnel are unable to contact the parents, the school is authorized to contact the following persons who are authorized to receive pertinent information about the student, have the student released into their custody or make certain medical decisions about the student. If the district is already authorized to release the student into the custody of another person, the district may contact that person as well.

Name	Relationship to Student	Phone Number

Doctor's Name: _____ / _____ / _____ Phone: _____

Address: _____

Hospital Preference: _____

Please list any medical or personal information you would like the district to be aware of in order to adequately assist your child in an emergency:

I hereby authorize the school to take action necessary to maintain the student's health in my absence including, but not limited to, consenting to any emergency surgical, medical or other treatment.

Signature of Parent/Guardian

Date

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Critical

Notice

Schools in this district are equipped with epinephrine premeasured auto-injection devices that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only in accordance with written protocols provided by the authorized prescriber. The school principal will maintain a list of personnel trained in the proper administration of this drug.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/10/2003

Revised: 02/27/2006

Clinton School District #124, Clinton, Missouri