



Student Emergency Form

Student's Name _____

Grade _____

Address _____

Mother's Name _____

Mother's cell phone _____

Mother's work phone _____ home _____

Father's Name _____

Father's cell phone _ _____ _

Father's work # _____ home # _____

In case of emergency, please contact the following if parents don't respond:

Name _____

Relationship to student _____

Best phone number to reach them _____

Health Information

Prescription medication, including an asthma inhaler, an EpiPen, or Benadryl will not be administered by the staff of BCBS without written permission from a parent and a doctor's signed order in our files. **Please bring the doctor's note the first day of school.**

Please list any health problems that your child may have and any treatment that may be required. (i.e. allergies, asthma, etc.)

Doctor's Name _____

Doctor's phone _____

Hospital of choice (if choice is offered) _____

The only over-the-counter medication we will administer to your child is Tylenol. Please acknowledge below whether you give BCBS permission to give your child Tylenol as needed.

Student's weight _____

____ (please check) I give BCBS staff permission to administer Tylenol to my child as needed.

____ (please check) I consent and authorize Buffalo Creek Boys School, its faculty and staff to consent on my behalf and on behalf of my child to emergency medical care and treatment in the event I am unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

____ (please check) I give permission to BCBS staff to take my child off grounds for educational field trips and for emergency situations.

Signature

Date