

Please review the information below, add or change as necessary, and return to the school.



CLINTON PUBLIC SCHOOLS
Emergency Health Information
Health Office

School: Jared Eliot Middle School

Allergies: _____
Grade: _____
Teacher/Advisory Teacher: _____
Homeroom/Advisory Room: _____
Bus In: _____
Bus Out: _____

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Lives with: Both parents ___ Mother only ___ Father only ___ Other ___

In case of emergency, and no one can be reached at home, who should we contact first?

___ Mother's Employer:

Work phone: Cell: _____

___ Father's Employer:

Work phone: Cell: _____

If parent/guardian cannot be reached, please call (list only persons nearby for emergency):

Name/Phone: _____ Name/Phone: _____

AUTHORIZATION FOR DOCTOR TO TREAT CHILD

Doctor/Phone _____ Dentist/Phone _____

In the event of a serious medical emergency or accident, if I am not available, I authorize school personnel to have my child treated by my child's physician or by a readily available physician and/or hospital.

Signature of Parent/Guardian _____ Date: _____

AUTHORIZATION TO ADMINISTER NON-ASPIRIN

I ___ do ___ do not authorize the school nurse, with a standing order from the school medical advisor, to administer at his/her discretion acetaminophen (Tylenol) medication to my child, Darren Abbott.

Signature of Parent/Guardian _____ Date: _____

DAY CARE - If your child attends day care, please provide the following information:

Day Care Name: _____

Hours: _____

Phone: _____

*** Please notify the school nurse promptly of any changes to the above information. ***