THE ACADEMY
DOWNTOWN • SHANNON FOREST

STUDENT EMERGENCY SHEET

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Student Name: _____ Birth Date: _____ Grade: _____

To the Parent or Guardian. To serve your child in case of ACCIDENT OR SERIOUS ILLNESS it is necessary that you furnish the following information for emergency calls.

Mother/Guardian: _____ Home #: (_____)_____-_____ Work #: (_____)_____-_____ Cell #: (_____)_____-_____
Address: _____
Father/Guardian: _____ Home #: (_____)_____-_____ Work #: (_____)_____-_____ Cell #: (_____)_____-_____
Address: _____

List two that will be called ONLY in case of an emergency if you cannot be reached.

1. Name: _____ Home #: (_____)_____-_____ Cell #: (_____)_____-_____
2. Name: _____ Home #: (_____)_____-_____ Cell #: (_____)_____-_____

Please indicate any health conditions that require treatments, procedures, medications, or health monitoring for your child during the school day. Please list any physician treating your child as well as the office phone number.

_____

_____

List all allergies: _____
Is your child allergic to latex? Yes _____ No _____

Please Note: No medication will be given without permission regarding amount and frequency.

The following over the counter medications are available during school hours:
(please indicate all information for the medications your student has permission to receive from a school staff member.)

Advil tablets (200 mg/tab)	Dosage _____	Frequency _____	Reason _____
Advil liquid (100mg/ml)	Dosage _____	Frequency _____	Reason _____
Benadryl tablets (25mg/tab)	Dosage _____	Frequency _____	Reason _____
Benadryl liquid (12.5 mg/5ml)	Dosage _____	Frequency _____	Reason _____
Cough Drops	Dosage _____	Frequency _____	Reason _____
Hydrocortisone Cream	Dosage _____	Frequency _____	Reason _____
Neosporin	Dosage _____	Frequency _____	Reason _____
Robitussin (100 mg/5ml)	Dosage _____	Frequency _____	Reason _____
Sudafed/Phenylephrine (10mg/tab)	Dosage _____	Frequency _____	Reason _____
Tums	Dosage _____	Frequency _____	Reason _____
Tylenol tablets (500mg/tab)	Dosage _____	Frequency _____	Reason _____
Tylenol liquid (160mg/5ml)	Dosage _____	Frequency _____	Reason _____

Doctor Information
Dr._____
Phone _____
Address _____
_____
Hospital Preference _____
_____
Hospital Phone _____

Dentist Information
Dr._____
Phone _____
Address _____
_____

Insurance Information
Medical Insurance _____
Insurance Policy # _____
Phone _____
Policy Holder_____

I, the undersigned, do hereby authorize officials of The Academy at Shannon Forest to contact directly the persons named on this document and do authorize the name physicians to render such treatment as may be deemed necessary in emergency for the health of said child. In the event physicians, other persons named on this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I hereby give permission for the health room personnel to administer the medication I have indicated above.

I will not hold The Academy at Shannon Forest financially responsible for the emergency care and/or transportation aforesaid child.

Signature _____ **Relationship** _____ **Date** _____