ARLINGTON CENTRAL SCHOOL DISTRICT

Emergency Health Information Summary ***School Year_____***

To the Parent/Guardian: This form must be completed each school year. Grade_____ Sex_____

Student Name _____, _____ Date of Birth _____/_____/_____
LAST FIRST

Address_____

I. <u>EMERGENCY CONTACT INFORMATION</u> Student lives with_____

Parent/Guardian:
Name_____Relationship_____ Home Phone ( )_____
Employer_____ Work Phone ( )_____
Cell Phone ( )_____ Email_____

Parent/Guardian:
Name_____Relationship_____ Home Phone ( )_____
Employer_____ Work Phone ( )_____
Cell Phone ( )_____ Email_____

In case of an emergency and a parent/guardian is not available, contact/release my child to:

1. Name_____ Relationship_____
   Home Phone( )_____ Cell Phone ( )_____ Work Phone ( )_____
2. Name_____ Relationship_____
   Home Phone( )_____ Cell Phone ( )_____ Work Phone ( )_____

Special notes regarding contact/release information: _____

II. <u>ANNUAL HEALTH UPDATE</u>: Primary Health Care Provider:_____ Preferred Hospital:_____

Yes	No	Check "Yes" or "No"
		Has your child been diagnosed with a **life threatening allergic condition**? Specify: _____ _____. Please indicate any symptoms that your child experiences which would indicate a severe allergy. (Local swelling does *<u>not</u>* indicate a severe allergic reaction.) ( ) Itching or swelling of ___eyes,____lips, ____tongue/mouth ( ) Shortness of breath, coughing or wheezing ( ) "Thready pulse", "passing out"/loss of consciousness ( ) Itching or tightness in the throat, hoarseness ( ) Hives Does your child have an Epi-Pen or other medicine for a severe life threatening allergy ( ) Yes ( ) No If "Yes", it is strongly advised that they have this mediation in school; it is required for interscholastic sports, grades 7-12, along with a physician's order specifying that the child is able to "self-administer" it. Carefully read the **<u>MEDICATIONS IN SCHOOL</u>** section below.
Yes	**No**	**Does your child have any of the following?**
		Asthma or RAD (Reactive Airway Disease). If your child uses an inhaler, it may be advisable that they have their inhaler in school. It is required for interscholastic sports, grades 7-12, along with a physician's order specifying that the child is able to "self-administer". Carefully read the **<u>MEDICATIONS IN SCHOOL</u>** section below.
		Diabetes
		Heart Problem. Specify:
		Seizure Disorder. Specify type: Date of last seizure_____
		Other medical conditions. Specify:
		Other mental health conditions. Specify:
List medication (s) that your child is currently taking:		
List allergy (s) to medication:		
<u>MEDICATIONS IN SCHOOL</u>: If your child has a medical condition that requires medication in school, a written physician's order is required. No medication may be carried in school or on a bus by a student; this applies to medications "over the counter" as well. There are several exceptions for students needing emergency medications whose order specifies that they may self-carry and self-administer their medication. All medication must be delivered to the school Health Office by the parent/guardian with the physician's order and written parental permission. Medication order forms are available through the Health Office and online.		
PHYSICAL EXAMINATION REQUIREMENT: NYSED requires an annual physical examination for students entering Grades K, 1, 3, 5, 7, 9 and 11. If parents/guardians do not turn in a physical examination form within 30 days of the start of school, your signature below provides permission for the school doctor to examine your child.		

I understand that if my child's health status changes during the school year, I will provide updated information to the Health Office. I give permission for the school district to contact my child's primary healthcare provider for the purpose of clarifying/obtaining immunization records, health appraisals, medication orders and/or pertinent medical information.

Parent/Guardian Signature:_____ Date:_____

This Side for Health Office Use Only

	Nurse_____ **Nurse**_____ **Nurse**_____

DATE	TIME	NURSE'S NOTES	RTC	HOME	SEEN BY