

# EMERGENCY CALL FORM

Dear Parents,

We want to assist you in your child's health care in every way possible. We must know if your child has special health needs, such as medications and/or health conditions. Please return this form to your child's school as soon as possible.

**ONLY a Legal Guardian can fill out and sign this Emergency Call Form!!**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ TAG Teacher: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

<u>PARENT 1</u> (In Household)	<u>PARENT 2</u> (In Household)
Name _____	Name _____

Address _____	Address _____
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Home Phone _____	Home Phone _____
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Cell Phone _____	Cell Phone _____
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Business Name and Position _____	Business Name and Position _____
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Business Phone and Ext. _____	Business Phone and Ext. _____
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Who else has permission to pick up your child that we may call in case of an emergency?  
**(NAMES & NUMBERS MUST BE DIFFERENT FROM THOSE LISTED ABOVE):**

1. Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PLEASE LET US KNOW OF ANY CHANGES**

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Please list below any health conditions such as heart problems, asthma, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic or other conditions that we should know about: (NOTE: **If you list asthma you must provide the school with an inhaler** or indicate that your child must carry their inhaler with them. Also, if you note severe allergic reaction, **you must provide your child's school with epi pen**): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any medications that the student is currently taking and specify if he/she will be taking it at school:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please name doctor, clinic and hospital you prefer in case of an emergency. *Please note that every attempt will be made to reach a parent before transporting a child to an emergency facility:*

Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_

**RELEASE OF INFORMATION:**

I hereby authorize emergency medical services for this student. I hereby authorize the Van Buren School District Health Services to share or discuss my child's health issues to any *pertinent* person.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**REMEMBER:**

**IT IS THE RESPONSIBILITY OF THE PARENTS TO NOTIFY YOUR CHILD'S SCHOOL OF PHONE AND ADDRESS CHANGES!**

**\*\*If your child has a medical condition that you would like to discuss with the nurse personally, please call your child's school to make an appointment\*\***