

COCHRANE - FOUNTAIN CITY SCHOOL DISTRICT

STUDENT EMERGENCY FORM 2023-24

Student's Name			
Date of Birth		Current Grade	

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1		Relationship	
Home Address		Home Phone	
Email		Cell Phone	
Employer		Employer Phone	

Parent/Guardian 2		Relationship	
Home Address		Home Phone	
Email		Cell Phone	
Employer		Employer Phone	

INSURANCE/PROVIDER INFORMATION

Insurance Company		Insurance ID#	
Doctor/Clinic		Phone	
Hospital		Phone	
Employer		Phone	

EMERGENCY CONTACT INFORMATION (other than parent/guardian)

Contact Name 1		Home Phone	
Relationship		Cell Phone	

Contact Name 2		Home Phone	
Relationship		Cell Phone	

MEDICAL CONDITIONS (asthma, bee stings, food allergies, etc.)

*		<input type="checkbox"/>	Contacts
*		<input type="checkbox"/>	Glasses
*		<input type="checkbox"/>	Ear Tubes

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

MEDICATIONS TAKEN REGULARY (if taken at school, must have a permission slip on file)

Medication Name	Dosage
Medication Name	Dosage
Medication Name	Dosage

HEALTH EXAM DATES (since start of previous school year)

Physical Exam	Provider
Dental Exam	Provider
Optical Exam	Provider

IMMUNIZATIONS RECEIVED IN LAST YEAR (indicate date)

HEP A	IPV-Polio
HEP B	Varicella
MMR	Meningococcal
HPV	DTP/Tdap/TD/Dtap

Information on this form is shared with appropriate school personnel for the health and safety of our students. If you have any questions regarding any health information, please contact the school nurse. Please notify the office and/or nurse of any changes to the above information.

If an illness or injury requiring emergency medical evaluation/treatment occurs and none of the listed individuals can be contacted, I give the school permission to call for emergency medical services and/or transport the above named child to the nearest medical facility for medical evaluation/treatment. I understand this permission applies for any school-sponsored activity, within or outside of the school district. I hereby give the ambulance team, the hospital, and the physician in charge permission to carry out the necessary emergency procedures and treatment for life-threatening conditions if the school authorities and hospital personnel are unable to reach any of the above listed individuals.

I, the parent/legal guardian, agree to assume all responsibility and expenses, including transportation, incurred by the necessary procedures for any emergency care.

Parent/Guardian Signature:	Date:
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