COCHRANE - FOUNTAIN CITY SCHOOL DISTRICT

STUDENT EMERGENCY FORM 2024-25

Student's Name			
Date of Birth		Current Grade	

PARENT/GUARDIAN INFORMATION

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

Parent/Guardian 2		Home Phone	
Relationship		Cell Phone	
Employer		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.)

- ☐ Allergies
- ☐ Asthma
- ☐ Bladder or Kidney
- ☐ Bone/Joint Disorder
- ☐ Cardiac/Heart
- ☐ Diabetes
- ☐ Ear Infections (frequent)
- ☐ Headaches
- ☐ Hearing Deficit
- ☐ Mental Health Diagnosis
- ☐ Siezures
- ☐ Vision Deficit
- ☐ Other: _____

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	

Please Complete both sides of this form.

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:**