

FRONTIER REGIONAL SCHOOL 2009-2010
EMERGENCY CONTACT INFORMATION

Student name:

Date of birth:

Address:

Gender:

Parents' names:

Grade:

Home phone:

Parent #1 work:

Parent #2 work:

Cell # 1:

Cell #2:

1. Emergency contact:

Phone:

2. Emergency contact:

Phone:

Physician name:

Physician ph:

Dentist:

Dentist ph:

Hospital preference:

Insurance:

Please List any medical condition and/or allergies

Please list any medication taken in a 24 hour period.

Medication

Dosage

Route

Frequency

Do you give permission for the school nurse to?

Contact your child's physician?

Yes:

No:

Please be advised that any medication to be given (whether prescribed or over the counter) that is not part of the regular standing order must be ordered by the doctor.

Permission is given for the following over the counter medications:

Tylenol

Yes

No

Ibuprofen

Yes

No

Benadryl

Yes

No (allergic reactions)

Caladryl

Yes

No

Dramamine

Yes

No (for motion sickness, field trips only)

We the parent/guardian, understand the emergency and medical information provided will be used during the regular school day, as well as any field trips or activities my child participates in throughout the school year.

PARENT/GUARDIAN SIGNATURE:

DATE:

