

ALEXANDRIA CITY PUBLIC SCHOOLS

EMERGENCY CARE INFORMATION

SCHOOL YEAR _____

In case of emergency, the school staff will call 911. Every attempt will be made to contact a parent/guardian or one of the designated emergency contacts.

Student resides with: **father**—**mother**—**both**—**guardian** (circle one)

Teacher: _____

Student name (last) _____ (first) _____ male/female
Date of Birth _____ School _____ Grade _____ Native language _____
Mother's name _____ address _____
Home phone _____ work phone _____ cell phone _____
Father's name _____ address _____
Home phone _____ work phone _____ cell phone _____
Guardian's name(s) _____ address _____
Home phone _____ work phone _____ cell phone _____

This student has **health insurance** ___YES___ NO Name of health insurance company: _____
Name of Primary Health Care Provider _____ Phone: _____

Alternate persons who may make emergency decisions and/or pick up your child from school:
Name _____ phone numbers _____
Name _____ phone numbers _____

If there are no medical and/or health conditions that affect your child's school day, please sign and return this form to the school. Parent/Guardian _____ Date _____
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If there are medical and/or health conditions that affect your child's school day, please complete the following information: Allergies (food) _____ (medications) _____ (bees/insects) _____ Seasonal Allergies _____ Has Epi-Pen _____ Other allergy/medications (please list) _____ ___Asthma ___Albuterol inhaler _____ Blood disorder _____ ___Cancer: type _____ _____ Physical disability _____ ___Diabetes: ___ insulin injections _____ insulin pump _____ Seizures (medicines) _____ ___Hearing problems ___ hearing aids _____ Vision problems: ___ glasses ___ contacts _____ ___Heart problems _____ Other health concerns: _____ How often does your child see a doctor for any of these conditions? _____ Are there any medications needed during the school day ? _____ If yes, then please obtain the Medication Authorization forms from the school nurse. All students needing medication at school will need completed Medication Authorization forms on file in the school nurses' office. Parent/Guardian _____ Date _____ 04/08
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