

**SHEPAUG VALLEY REGIONAL SCHOOL DISTRICT #12**  
**EMERGENCY CONTACTS-CURRENT HEALTH INFORMATION**

\*Please provide a separate form for **each child**\*

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Father Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Student lives with \_\_\_\_\_

Does your child have health insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, please call 1-877-CT-HUSKY)

**List two persons who can assume care of your child in an emergency:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**HEALTH INFORMATION:** List **ALL** health conditions or chronic diseases that may be of concern to school personnel: \_\_\_\_\_

**ALLERGIES:** (food, medications, seasonal, and/or substances) \_\_\_\_\_

**CURRENT MEDICATIONS:** (home and/or school) \_\_\_\_\_

**EYE GLASSES:** YES \_\_\_\_\_ NO \_\_\_\_\_ Purpose: \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**I authorize the school nurse to administer the following medications to my child as needed during school hours:** (Please **circle** yes or no below)

Yes No Acetaminophen  
Yes No Ibuprofen  
Yes No Cough Drop/Throat Lozenge  
Yes No Antibiotic Ointment  
Yes No Poison Ivy Gel/Cream  
Yes No Antiseptic Solution  
Yes No Vaseline/Hand Lotion/Aloe  
Yes No Hydrocortisone cream/spray  
Yes No Burn Cream/Gel

**Medications other than listed cannot be administered to your child without a physician's order and parent/guardian authorization.** These forms are in the Health Office, the Student Handbook, and on the school website. If your child must take medication during school hours, it must be brought to the nurse by a parent/guardian in the original unopened or prescription container.

I give permission for the release and exchange of information between the school nurse and my child's health care provider for confidential use in meeting my child's health care needs in school.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**If any of the above information changes during the school year, please notify the Health Office.**

Thank you for your cooperation.

Rev. 01/2020 EM