

Medical and Emergency Information

(Please complete one form per student)

Student name _____ Grade: _____

Family Emergency Contact Information

Emergency Contact Information:

Father's Name: _____ Phone #: _____

Mother's Name: _____ Phone #: _____

Other Emergency Contact:

Name	Relationship to Child(ren)	Phone #
_____	_____	_____
_____	_____	_____

Medical/Allergy Information Card

Allergies (food/environment/medical):

Permission to dispense OTC medications:

Acetaminophen: _____ Benadryl: _____

Amount: _____ Amount: _____

ibuprofen: _____ Tums: _____

Amount: _____ Amount: _____

Claritin: _____

Amount: _____

Personal Rx Medications on premises: please list dosage amount & instructions:

