

**Health File Emergency Information Form**

Student \_\_\_\_\_  Male  Female  
Last Name First Name

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Home Telephone \_\_\_\_\_

Primary Address \_\_\_\_\_  
Number/Street Town Zip

Lives with  mother  father  stepmother  stepfather  grandparent/s  
 guardian  other (please specify) \_\_\_\_\_

Please list below the requested information. It is vital that this office have a telephone number available where a responsible person can be contacted in case of an illness or accident. Please notify the health office of any changes during the school year.

Mother's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
Employed at \_\_\_\_\_ Phone No. \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
Employed at \_\_\_\_\_ Phone No. \_\_\_\_\_

List two people that we may contact during the school day and release your child to if you cannot be reached: (attach a separate page if you wish to list additional contacts)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Are there any legal restrictions regarding the release of your child or his/her records to a non-custodial parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify and provide legal documentation to the principal

\_\_\_\_\_  
\_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Physician's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any physical handicaps/medical conditions the school should know about:

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Does your child have asthma?       Yes       No  
Does your child use an inhaler?       Yes       No  
Does your child have any allergies?       Yes       No  
If yes, please specify       Bees       Nuts       Latex       Other

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Has your child's doctor prescribed an EpiPen?       Yes       No

Please list any medication(s) your child is taking at home

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_



Permission to administer Tylenol in school       Yes       No  
Permission to apply topical Calagel       Yes       No

Will your child require any medications during school hours?       Yes       No  
(This includes EpiPens and Inhalers)

**If your child will require any medication in school, other than Tylenol or Calagel, an “*Authorization for the Administration of Medication by School Personnel*” form (located on the Amity website) must be completed by the parent and physician and returned to the Health Office.**



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date