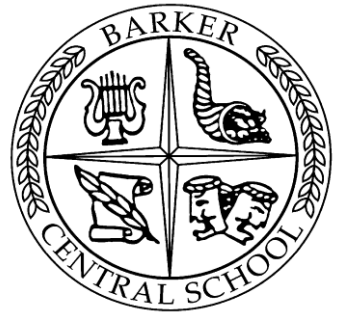


# Barker Central School

1628 Quaker Road, Barker, New York 14012-0328



## HEALTH & EMERGENCY FORM

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Bus No. \_\_\_\_AM\_\_\_\_PM

Student Resides with: ( ) Mother ( ) Father ( ) Other (please specify) \_\_\_\_\_

**\*\* Legal verification of guardianship is necessary if other than parent. Custody papers are required and must be updated every year \*\***

### ADULTS IN HOUSEHOLD

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

### IN CASE OF EMERGENCY

Please provide **TWO** names of people to contact in case of an emergency. These contacts will assume responsibility/transportation in absence of parent/guardian. This is very important and should be kept up to date.

1. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

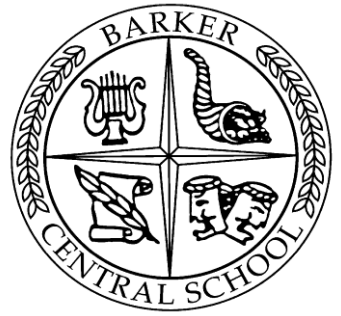
Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

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## HEALTH INFORMATION

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosed Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

**\*\*Please include reaction and if an EpiPen is needed.\*\***

Medications: \_\_\_\_\_

**\*\*Please include inhalers/antidepressants/cardiac/behavioral medications/EpiPens, etc\*\***

Does your child wear glasses or contact lenses, have a hearing aid or hearing loss? \_\_\_\_\_

Are there any family circumstances which might have an impact on your child's school performance? \_\_\_\_\_

**\*\* This information is kept in your child's confidential medical file and is shared only with appropriate members of the teaching team. You are invited to make an appointment with the School nurse to discuss sensitive information if you prefer.\*\***

## CONSENT FOR EMERGENCY TREATMENT

In case of serious illness or the accident injury of my child, I request school personnel to contact me. If the school is unable to reach me or the emergency persons listed, I hereby authorize officials of the Barker Central School District to make any arrangements deemed necessary for the emergency care of my child.

You must have a written physician's order for your child to take medication at school. This includes prescription medication such as inhalers, EpiPens, and over the counter medication including but not limited to cough drops, triple antibiotic ointment, hydrocortisone, cough syrup, Anbesol/Orajel, antifungal cream, topical analgesics, acetaminophen, and ibuprofen. The school nurse will **NOT** dispense any medication without a written MD order and written parental consent.

\_\_\_\_\_  
Mother's (Female Legal Guardian's) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's (Male Legal Guardian's) signature

\_\_\_\_\_  
Date

**\*\*STUDENTS ENTERING PRE-K, K, 1st, 3rd, 5th, 7th, 9th, and 10th GRADE MUST HAVE AN UPDATED PHYSICAL AND IMMUNIZATION RECORD AT THE START OF THE SCHOOL YEAR. CERTAIN IMMUNIZATION BOOSTERS ARE REQUIRED FOR K AND 6th GRADERS.\*\***

## CONSENT TO SHARE INFORMATION

I give permission to the school nurse/designee to share information relevant to my child's condition with appropriate personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

\_\_\_\_\_  
Mother's (Female Legal Guardian's) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's (Male Legal Guardian's) signature

\_\_\_\_\_  
Date