

Date _____

EMERGENCY CONTACT INFORMATION

LAST NAME FIRST NAME BIRTHDATE GRADE & TEACHER

HOME ADDRESS HOME TELEPHONE #

MOTHER/GUARDIAN OR PERSON THE CHILD LIVES WITH NAME OF WORKPLACE WORK PHONE #

FATHER/GUARDIAN OR PERSON THE CHILD LIVES WITH NAME OF WORKPLACE WORK PHONE #

PARENT E-MAIL CELL PHONE #

RELEASE FROM SCHOOL/EMERGENCY CONTACTS

THE GLOVERSVILLE ENLARGED SCHOOL DISTRICT WILL RELEASE A CHILD TO ONLY PERSONS WHOSE NAMES APPEAR BELOW, PROVIDED BY THE PARENTS OR GUARDIANS, OTHER THAN THE PERSONS LISTED ABOVE. ONLY LAW ENFORCEMENT OFFICIALS AND CHILD PROTECTIVE SERVICE WORKERS MAY TAKE CUSTODY OF A CHILD WITHOUT THIS PRIOR PERMISSON.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>

LIST ANYONE RESTRICTED, BY COURT ORDER, FROM SEEING OR PICKING UP THIS CHILD. A CURRENT COURT ORDER MUST BE ON FILE AT THE SCHOOL _____

MEDICAL INFORMATION

CHILD'S DOCTOR _____ ALLERGIES _____

LIFE THREATENING ALLERGIES (Doctor Diagnosed) _____ EPI PEN YES ___ NO ___

EYE CONDITIONS (Including Glasses) _____ EAR CONDITIONS _____

OTHER _____ SHOULD SCHOOL ACTIVITY BE RESTRICTED? _____

PLEASE LIST CURRENT MEDICATIONS YOUR CHILD IS TAKING: _____

THE FOLLOWING PREPARATIONS MAY BE USED AS PART OF THE FIRST AID TREATMENT IN THE HEALTH OFFICE. IF YOU **DO NOT** WANT THESE PREPARATIONS USED, THE NURSE OR HEALTH AIDE **MUST** BE NOTIFIED, **IN WRITING**.

SKIN ANTISEPTICS

Betadine/Povidone/generic brand
Hydrogen Peroxide
Benzalkonium Chloride (antiseptic)
Campho-Phenique
Rubbing Alcohol-for pierced ears

OINTMENTS

Antibiotic Ointment
Petrolatum Jelly
Lip Balm

SKIN LOTIONS

Calamine/generic brand
Caladryl/generic brand
Eucerine/generic moisturizer
Meat Tenderizer (for stings)

MISC.

Anbesol/generic brand
Antacids
Eye- Wash
Generic mouth-wash
Saline Solution (salt water)

FOR THE SAFETY OF MY CHILD, I GIVE PERMISSION FOR THIS INFORMATION TO BE SHARED WITH SCHOOL STAFF MEMBERS. YES _____ NO _____

MOTHER/GUARDIAN

FATHER/GUARDIAN