

# LINCOLN R-2 SCHOOL EMERGENCY SHEET

If any of this information changes, please notify the school immediately.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_

Phone No. \_\_\_\_\_ Student's Cell No (if applicable) \_\_\_\_\_

Parent e-mail Address: \_\_\_\_\_

Father's (or Guardian's) Name \_\_\_\_\_ Father's Cell No. \_\_\_\_\_

Father's (or Guardian's) Employment & Phone No \_\_\_\_\_

Mother's (or Guardian's) Name \_\_\_\_\_ Mother's Cell No. \_\_\_\_\_

Mother's (or Guardian's) Employment & Phone No \_\_\_\_\_

Please list a relative or friend with a telephone that can be reached in an emergency. (Please be sure that person is available, knows they are the designated contact and willing to get the student if he/she is ill when you cannot be reached.)

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

Family Physician \_\_\_\_\_ Dentist \_\_\_\_\_

For Hospital Emergency Room Care, please send my child to \_\_\_\_\_ Hospital.

If emergency treatment is required for your child and you cannot be reached immediately, may school authorities use their own judgment in calling one of the local doctors indicated above, or, if not available, another doctor to give treatment necessary for the health and welfare of your child? In the event of a life threatening emergency, may a local ambulance be called and the student sent to the hospital as designated?

YES \_\_\_\_\_ NO \_\_\_\_\_ If no, what do parents want done? \_\_\_\_\_

Does your child have any food, medical, other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child take any medicine? (Example – ADD/ADHD, Diabetes) AT HOME: Yes \_\_\_\_\_ No \_\_\_\_\_

AT SCHOOL: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list \_\_\_\_\_

Does your child have any medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

If this or any other serious health problem occurs at school, what action should be taken by the school nurse or teacher?

In case of illness, please check below yes or no if the school may administer over-the-counter drugs to your child.

Yes \_\_\_\_\_ No \_\_\_\_\_ Non-aspirin pain reliever. (Tylenol) Yes \_\_\_\_\_ No \_\_\_\_\_ Benadryl

Yes \_\_\_\_\_ No \_\_\_\_\_ Cough drops or throat lozenges. Yes \_\_\_\_\_ No \_\_\_\_\_ Ibuprofen

Yes \_\_\_\_\_ No \_\_\_\_\_ Tums.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_