

ANNUAL MEDICAL EMERGENCY FORM

Child's Name _____	Birthdate _____	Grade _____
Mother's Name _____	Phone _____	Work # _____
Father's Name _____	Phone _____	Work # _____
Emergency Contact _____	Phone _____	Work # _____
Emergency Contact _____	Phone _____	Work # _____

DOES YOUR CHILD HAVE

Allergies	No	Yes	Specify _____
Asthma	No	Yes	Mild / Moderate / Severe Specify _____
Blood Disorder	No	Yes	Specify _____
Concussion	No	Yes	Have / Had Specify _____
Diabetes	No	Yes	Takes Insulin - No Yes
Ear Infections	No	Yes	Date of last ear infection _____
Epilepsy	No	Yes	Date of last seizure _____ Type _____
Insect/Bee Sting Allergy	No	Yes	Local Reaction General Reaction
Migraines	No	Yes	Specify _____
Glasses/Contacts	No	Yes	Specify _____
Hearing Aides	No	Yes	Specify _____
Other			Specify _____

Does your child claim Religious Exemption for Immunizations? No Yes

Consent to Medical Care and Treatment of Minor Child

I hereby release SCS, its agents and employees from any and all liability and do hold them harmless in consideration for their effort. I hereby authorize SCS to call an emergency ambulance in case of accident or acute illness and to arrange for appropriate necessary emergency medical, surgical or dental care if parent/guardian or emergency person listed cannot be contacted. Any qualified physician called by SCS may treat and do whatever is necessary for the health and well-being of our child. I also agree to accept responsibility for the cost of such medical services. I give permission for this form to be copied for use by SCS coaches, teachers, playground aides, or anyone else the school deems necessary.

Signature of Parent/Guardian: _____ Date _____

-- See other side to complete form --

MEDICATION

Does your child take daily medication No Yes Specify _____

Will your child need medication during school hours? No Yes Specify _____

If your child needs to take a daily prescription medication during school hours, please provide us with a doctor note stating dosage and drug. Please coordinate the dispensing with the elementary office and your child's homeroom teacher.

SCS will not dispense over-the-counter medications during the course of the school day.

HAS YOUR CHILD HAD

Serious Illness No Yes Specify Type & Date _____

Serious Injury No Yes Specify Type & Date _____

Surgery No Yes Specify Type & Date _____

Student Accident Insurance Coverage

Student accident insurance provided by the school covers your child while at school or school sponsored activities up to a maximum of \$25,000. This coverage is secondary to any other insurance coverage. Any additional costs incurred are the responsibility of the parents.

Individuals Authorized to Pick Up My Child

Name _____ Phone _____ Work # _____

Name _____ Phone _____ Work # _____

Name _____ Phone _____ Work # _____

If someone has to pick up your child and is not listed above, you must contact the office to let us know.