

HOPKINTON SCHOOL DISTRICT EMERGENCY INFORMATION

Student: _____ Grade: _____ Birth Date: _____

Street Address: _____ School Bus #: _____

Mailing Address (if different from above): _____

Student resides with: (Circle) Parents Mother Father Guardian

Mother: _____ Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Father: _____ Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Guardian: _____ Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

In case of emergency, illness or accident to the student: Names of people who may be contacted to assume responsibility for further action in case the school cannot reach parent or guardian.

1. _____ Daytime Phone: _____

2. _____ Daytime Phone: _____

The following information is confidential and will be kept on record by the school nurse only.

Please specify if the student has a medical or psychological condition: (Asthma, seizures, depression, etc.)

Is the student on medication? Yes _____ No _____ Daily? Yes _____ No _____

If yes, list medication dose and time taken: _____

Hearing or vision problems? Yes _____ No _____ (Glasses, contacts, hearing aids)

List known allergies: (medications, Food, insects, environment) _____

Allergy symptoms or reaction: _____

Allergy medication taken: _____

Doctor _____ Phone: _____ Dentist: _____ Phone: _____

Should the need arise, may we contact your physician to discuss your child's medication, immunizations, or health issues? Yes _____ No _____

OVER THE COUNTER MEDICATIONS – NO MEDICATION CAN BE GIVEN WITHOUT THIS PERMISSION

Please check off which medications can be dispensed to your child in the nurse's office.

Anbesol _____ Calamine Lotion _____ Antacid Tablets _____ Benedryl _____ Hydrocortisone Cream _____

Bacitracin Ointment _____ Sting Kill _____ Ibuprofen _____ Acetaminophen _____

Lions Club vision screening: Done annually with school nurse following NH state requirements.

Comments: _____

In a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature: _____ Date: _____