

QUINCY AREA VOCATIONAL TECHNICAL CENTER EMERGENCY PROCEDURE & HEALTH INFORMATION

1. Home School _____ Grade _____ Circle One: Male Female Birthdate _____

2. Student's Name _____
(last) (first) (middle)

3. Home Phone _____ Student's Cell Phone _____

4. Student's Address _____ Zip _____

5. Student resides with _____
(name/s) (relationship to student)

6. Father _____
(name) (work place) (work hours) (phone)

7. Mother _____
(name) (work place) (work hours) (phone)

8. Person/s (other than parents to be called when a parent cannot be contacted for illness or emergency):

(name) (relationship to student) (address) (phone)

(name) (relationship to student) (address) (phone)

9. Student's Primary Care Physician _____
(name) (phone)

10. Student's Additional Physician _____
(name) (phone)

11. **HEALTH PROBLEMS:** Please check and **COMMENT** on all health problems that apply:
 Asthma ADHD Emotional Problems Diabetes Seizure Disorder
 Heart Problem Disability Other

COMMENTS: _____

12. **ACTIVITY RESTRICTIONS:** Yes No If yes, comment _____

13. **MEDICATIONS:** List all medications/herbals and dosages student receives at home and school _____

14. **ALLERGIES:** List all allergies your student has (such as foods, medications, bee stings, etc.) _____

15. I give my permission to the school and the nurse to obtain, disclose and discuss health information with my child's health care provider and teachers when indicated.

✕ Signature of parents or legal guardian _____ Date _____