

MENOMINEE INDIAN SCHOOL DISTRICT

453.1-Exhibit(1)

STUDENT EMERGENCY INFORMATION FORM
SCHOOL YEAR ____/____

GENERAL INFORMATION:

Student's Name Date of Birth Age Grade

Student lives with: Mother ___ Father ___ Both Parents ___ Guardian ___

Parent/Guardian Name Address (Fire#)

Home Phone Work Phone#/Name Other Phone #/Name

EMERGENCY INFORMATION: In case of an accident or acute illness what doctor or dentist should the school call if the parent/guardian cannot be reached?

Family Doctor/Name: Phone #:
Family Dentist/Name: Phone #:

MEDICAL ALERT INFORMATION: (Check all that apply)

- Allergies (please specify):
Asthma
Attention deficit (Hyperactivity) Disorder (ADHD)
Bladder/Kidney problems
Bone/Joint problems
Diabetes
Disabilities/Handicaps
Fainting
Hearing Problems
Heart Problems
Headaches/Migraines
Mental Health Problem
Seizures
**Wears glasses
**Takes prescribed medication daily (please specify:)

Note: If there are any specific procedures to follow for the above problems, please provide further instructions below:

CONSENT FORM: IF ANY EMERGENCY EXISTS AND PARENT/GUARDIAN CANNOT BE REACHED

I, the parent/guardian of hereby authorize the school nurse, social worker, police liaison, parent coordinator and/or designee to transport and/or consent for medical and hospital treatment of my child. This authorization shall be valid for the school year ____/____.

Parent/guardian signature Date Witness

***Signature above also indicates that all the information given is true. The above information is considered confidential health information. The school nurse, school staff and emergency personnel are the only ones able to access such information.

EXHIBIT APPROVED: January 7, 2004