



Emergency Contact, Medical Information & Activities Authorization

This form MUST be completed each school year and updated as needed when there is a change in contact information or medical information including any change to medications. This form will cover daily school activities, field trips, intensives, and overnight activities.

Student's Last Name _____ First Name _____ Date of Birth _____

Emergency Contact Information

Parent Contact Info:

Parent Names _____ Home Phone _____

Father's Cell _____ Mother's Cell _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Father's email: _____ Mother's email: _____

Health Insurance Carrier _____ Policy/Group Number: _____

Name of Policy Holder _____ Phone Number: _____

Secondary Contact Info (If parents cannot be contacted):

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Person(s) to whom the student may be released:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Allergies (Check all that apply)

- Food (list & describe reaction) _____
- Medication (list & describe reaction) _____
- Bee Stings (list & describe reaction) _____
- Seasonal (list & describe reaction) _____
- Other explain: _____

Does student have a history of: (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Wears contacts |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Musculoskeletal disorder | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep disturbance | _____ |
| <input type="checkbox"/> Emotional/psychological condition | | _____ |

Explain health conditions checked above: _____

Does student have any physical limitations? _____ If yes, please explain: _____

Does student have any diet restrictions? _____ If yes, please explain: _____

Over the Counter Medication for Field Trips, Off Campus Events and the School Day:

_____ **No**, my student **does not** need any medication during the field trip, off campus event or school day. If you check No, your student will not be given any pain medication without first contacting you.

_____ **Yes**, my student **is allowed to take Ibuprofen/Tylenol/Benadryl Cream/Antacid**. If this is a field trip or off campus event, students will need to see the teacher or staff member for any of these. If it is during the school day, students will need to visit the office. If there is an item in the list you prefer your child NOT to be given, please cross it out. Pain medication will be based on the recommendations listed on the packaging according to age.

***This completed form must be returned to school no later than *the day of departure* with parent & physician signatures. If your student is not attending Crucible or Forging, this form **MUST** be completed before the first day of school.

In the event of a medical emergency, 911/Emergency Medical Services will be called, and student will be transferred to the nearest medical facility.

Prescription Medication Authorization for On Campus, Off Campus Events and Overnight Field Trips

_____ **No**, my student **does not** need any medication during the school day, field trips or off campus events.

_____ **Yes**, my student **will need** medication while on campus during the day____, on the field trip____, or off campus event _____. In order to administer medication (prescription) during the school day, parents must use this form which includes parent signature and written physician’s order. Prescription medication **MUST** be in the original bottle, clearly labeled.

The administration of medication to students on overnight field trips shall be done only when the student has a medical condition that may be adversely affected without medication.

- **Any prescription or nonprescription medication must include:**
 1. The original container. If medication is a prescription, the pharmacy label must accurately reflect medication, dose and times as stated in the orders from doctor
 2. A written order from the physician (if not already on file at the school)
- Parent / Guardian is responsible for delivering the medication to a staff member on the day of departure or before the first day of school. If your student drives, or rides the bus, please email the office to expect the medication. **Send only the amount needed for the field trip, or what is appropriate for the school day.**
- If it is necessary for medication from school to be sent on the field trip, the parent must contact an Iron Academy Staff member in advance to make arrangements. We discourage medications from the school to be sent on overnight field trips.
- A Nurse or Health Services staff do not routinely accompany students on field trips. Iron Academy Staff will be responsible for administration of medication.

Name of student _____ **Date of Birth** _____

Name of medication _____ Dosage _____ Time(s) _____ Overnight ___ Day ___

Name of medication _____ Dosage _____ Time(s) _____ Overnight ___ Day ___

Name of medication _____ Dosage _____ Time(s) _____ Overnight ___ Day ___

Name of medication _____ Dosage _____ Time(s) _____ Overnight ___ Day ___

Name of medication _____ Dosage _____ Time(s) _____ Overnight ___ Day ___

Physician Signature (**Required**) Date Parent/Guardian Signature Date