

Green Lake Public School Emergency Cards 2016-2017

Student Name _____ Grade _____ Birthdate _____

Address _____

Parent/Guardian _____ 1st phone # _____ 2nd phone # _____

Parent /Guardian _____ 1st phone # _____ 2nd phone # _____

Physician _____ Clinic Name & Phone # _____

Does Student Have Insurance? Yes No Insurance Co. Name _____

Two Local Emergency Contact People:

Name _____ Home # _____ Work# _____

Name _____ Home # _____ Work# _____

I give the Green Lake School Permission to provide emergency medical attention to include transport to local hospital as needed. I have read the procedures

Parent/Guardian Signature _____ Date _____

The following information will be used to update your child's health file at school. Please answer all questions that apply.

Please indicate whether your child has any of the following health concerns:

Vision Problems:

Wears glasses/contacts full time _____

Wears glasses for reading only _____

ADD, ADHD _____

Arthritis _____

Asthma/has inhaler _____

Bee Sting Allergy _____

Seizures/Convulsions _____

Severe Allergic Reactions _____

Kidney Disease _____

Language Concerns _____

Migraines _____

Cardiac Problems _____

Diabetes _____

Orthopedic problems _____

Allergies (check list)

Aspirin _____

Penicillin _____

Sulfa _____

Insect Bites _____

Tetracycline _____

Acetaminophen _____

Foods _____

Ear/Hearing Problems:

Frequent Ear Infections _____

Hearing Loss _____

Ear Tubes _____

Wears hearing aid _____

R **L**

Other _____

List any medications your child is currently taking, the purpose and dosage/frequency:

The new Wisconsin School Drug Administration Law states that the only way nonprescription drugs (such as ibuprofen or acetaminophen) can be administered at school is if the **"drug product is supplied by the pupil's parent or guardian in the original manufacturers' package, and the package lists the ingredients and recommended therapeutic dose in a legible format"**. To simplify, the school can not provide any medication for students. If you would like your child to receive any nonprescription medication, for any reason, you will need to supply the medication in the original packaging and complete a Medication Consent Form.

Parent /Guardian Signature _____ Date _____