

## 2017-2018 Green Lake Public School Emergency Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian Phone #1 \_\_\_\_\_

Parent/Guardian Phone #2 \_\_\_\_\_

Physician \_\_\_\_\_

Clinic Name & Phone # \_\_\_\_\_

Does Student Have Insurance? Yes No

Insurance Company & Name \_\_\_\_\_

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

<b>Vision:</b>	<b>X</b>
Wears glasses/contacts full time	
Wears glasses for reading only	
No vision issues	

<b>Ear/Hearing Problems:</b>	<b>Right Ear</b>	<b>Left Ear</b>
Frequent Ear Infections		
Hearing Loss		
Ear Tubes		
Wears hearing aid		

<b>Allergies:</b>	<b>X</b>
Aspirin	
Penicillin	
Sulfa	
Insect Bites	
Tetracycline	
Acetaminophen	
Foods	
Other (please list)	

<b>Please indicate whether your child has any of the following health concerns:</b>	<b>X</b>
ADD/ADHD	
Arthritis	
Asthma/has inhaler	
Bee Sting Allergy	
Seizures/Convulsions	
Severe Allergic Reactions	
Kidney Disease	
Language Concerns	
Migraines	
Cardiac Problems	
Diabetes	
Orthopedic Problems	

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

The new Wisconsin School Drug Administration Law states that the only way nonprescription drugs (such as ibuprofen or acetaminophen) can be administered at school 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 cannot 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 and Medication Consent Form.

**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 and filled out all requested information.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_