

2020-2021 Green Lake School Emergency Form

Student Name _____ Grade _____ Birthdate _____

Address _____

Parent/Guardian #1 Name _____ Phone _____

Parent/Guardian #2 Name _____ Phone _____

Additional Phone Numbers: _____

Two Local Emergency Contact People:

Name _____ 1st Phone _____ 2nd Phone _____

Name _____ 1st Phone _____ 2nd Phone _____

Please indicate if your child has any of the following health concerns:	X	Please indicate if your child has any of the following health concerns:	X
ADD/ADHD	<input checked="" type="checkbox"/>	Kidney Disease	<input type="checkbox"/>
Allergies (please list)	<input type="checkbox"/>	Language Concerns	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
Asthma/has inhaler	<input type="checkbox"/>	Cardiac Problems	<input type="checkbox"/>
Bee Sting Allergy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Seizures/Convulsions	<input type="checkbox"/>	Orthopedic Problems	<input type="checkbox"/>
Severe Allergic Reactions	<input type="checkbox"/>	Vision or Hearing Problems (please list)	<input type="checkbox"/>

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

Physician Name _____ Phone _____

Does student have health insurance? Yes _____ No _____ Insurance Company _____

The new Wisconsin School Drug Administration Law states that the only way non-prescription drugs (such as ibuprofen or acetaminophen) can be administered at school is if **“drug product is supplied by the pupil’s parent or guardian in the original manufacturer 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 the Medication Consent Form.

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 _____