

## INFORMATION UPDATE

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Class \_\_\_\_\_

First Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's work # \_\_\_\_\_ Father's work # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Pediatrician/Family Dr. & Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Present Medical Problems & Chronic Conditions: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

If Parent (s) **CANNOT** be reached in an emergency, the school should call:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name \_\_\_\_\_ Phone # : \_\_\_\_\_

Cell # : \_\_\_\_\_

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**Emergency Treatment Permission:** In the event of an emergency, it is required for us to have your consent for your child to receive any medical treatment. Your signature below indicates that you have given us permission to have your child treated if we are unable to contact you.

**Date:** \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_

**Medical Permission:** I hereby give my permission to be filed in the health office for the nurse to dispense, if necessary, the medication indicated to my child.      Tylenol                              Benadryl

**Date:** \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_