TRIPLE C SCHOOL
EMERGENCY HEALTH FORM

Student's Name: _____ D.O.B.: ___/___/___ Grade: _____
Last First Middle Initial mm dd yy

Address: (Street) _____ Teacher's Name: _____

(Postal Code) _____ Phone no.: _____

Code:
Mother – M Father – F Guardian - G
Step-Mother – SM Step-Father – SF

Email address:
Code: __ : _____

Code: __ : _____

Parent(s)/Guardian(s) Name(s):

Code	*Name*	*Home Phone*	*Work Phone*	*Cell Phone*	*Employer*

Emergency Contacts: (other than the above named who have permission to collect your child from school):

Code	*Name*	*Home Phone*	*Work Phone*	*Cell Phone*	*Employer*

Current Medication:

Name of Medicine	*Dosage*	*Frequency (actual times needed)*

Allergies: _____
(bees, animals, seasonal, food, etc.)

Pertinent Medical History: _____
(asthma, diabetes, surgery, etc.)

I authorize the administration of the following over-the-counter medication to my child at the discretion of the School Nurse or Office Staff at Triple C School:

Acetaminophen (Tylenol)	Yes	No
Tums	Yes	No
Cough drops/throat lozenges (2nd grade +)	Yes	No

Parent's Signature: _____ Date: _____

In my absence I authorize the transport of my child by school staff member or ambulance to the nearest medical facility in the event of an emergency.

Parent's Signature: _____ Date: _____