EMERGENCY INFORMATION FORM - PINKERTON ACADEMY HEALTH SERVICES DEPARTMENT, DERRY, NH 03038

NAME OF STUDENT: (Last)_____ (First)_____

Student's name: Last _____ First _____ Middle _____ D.O.B. _____

Street Address _____ Town _____ Tel. #(___)_____

Mailing (if diff.) _____ Other tel. #(____)_____ Y.O.G. _____

Student lives with: (PLEASE CIRCLE) Both Parents Mother Father Legal Step-fa. Legal Step-mo. Guardian Other (specify) _____

Are there any special custody provisions? Yes ___ No ___ If yes, please send in appropriate legal documentation, guardianship papers, restraining orders, etc.

Mother's full name: _____ Home tel. #(____)_____

Mother's workplace _____ Work tel. #(____)_____ Mother's cell #(____)_____

Email address

Father's full name: _____ Home tel. #(____)_____

Father's workplace _____ Work tel. #(____)_____ Father's cell #(____)_____

Email address

Step-parent's full name: _____ Home tel. #(____)_____

Step-parent's workplace _____ Work tel. #(____)_____ Step-pa. cell #(____)_____

Email address

Please list, in order of preference, at least two adults (relative, neighbor, or friend) who could assume temporary care of your student if you cannot be reached.

Name _____ Relationship _____ Daytime Tel. #(____)_____

Name _____ Relationship _____ Daytime Tel. #(____)_____

HEALTH INFORMATION

Last school attended: _____ Address _____ Does the student wear glasses? _____ Contacts? _____

Does the student have: Asthma? ___ Treatment: _____

Diabetes?___ Treatment: _____

Seizure disorder? ___ (most recent seizure _____) Treatment: _____

Insect sting all.? ___ Latex all.? ___ Other serious all.? _____ Treatment: _____

Other allergies? (please specify): _____ Cardiac problems, murmurs, etc. _____

Please list any current physical or emotional health problems and treatment/medications: _____

_____

Surgeries since last year: _____ Other problems/ restrictions: _____

_____

Has your child had Chickenpox? _____ If so, when (or at what age)? _____

Note: For all new immunizations, please send in documentation signed by the physician/provider so that your student's health record may be kept updated.

Local physician _____ Tel. #(____)_____ Hosp. Preference _____

You may also give permission for the nursing staff to provide one or more of the medications listed below during the current school year as needed. If so, please indicate below by signing beside EACH permitted medication.

The nursing staff has my permission to provide:

- acetaminophen 500 mg. (generic Tylenol) Parent/guardian signature: _____ **Circle preference**: One OR Two tablets
- ibuprofen 200 mg. (generic Advil/Motrin) Parent/guardian signature: _____ **Circle preference**: One OR Two tablets

In the event of an emergency, I understand that school staff will contact me as soon as possible, but will not delay accessing emergency care at the local Emergency Room. When possible, a copy of the Emergency Information Form will accompany the student to the emergency room. I authorize the nursing staff to contact my student's health care provider regarding immunizations, medications, etc., as needed, and follow his/her instructions; and to make whatever arrangements appear necessary for the health and safety of my student. I will notify the nursing staff (437-5218) to update any changes. Additional detailed information is available in the PA Student Planner and Course Catalog provided annually to all students and at http://www.pinkertonacademy.net/ that provides access to all Pinkerton Academy policies and procedures, including those related to Health Services.

DATE: _____ SIGNATURE OF PARENT/GUARDIAN _____ (03/07)