

EMERGENCY CARD

Coventry Public Schools

Date: _____

Grade: _____

Homeroom Teacher: _____

ECP

Last Name: _____ First: _____ Middle: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Child resides with (check all that apply): Father Mother Guardian: _____

The following information must be on file in case of emergency:

Father / Guardian: _____ Mother / Guardian: _____

Address: _____ Phone: _____ Address: _____ Phone: _____

Employed at: _____ Work Phone: _____ Employed at: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____ Email Address: _____ Cell Phone: _____

Please check this box if you prefer your email addresses not be used for the purpose of school communication

In the event of an illness/emergency at school and parent/guardian cannot be reached, the following may act on my behalf:

1) Local relative or friend: _____ Phone: _____ Cell Phone: _____

2) Local relative or friend: _____ Phone: _____ Cell Phone: _____

Family doctor or pediatrician: _____ Town: _____ Phone: _____

Does this student have health insurance? No Yes Name of plan: _____

I give permission for my child to be taken to a hospital in case of emergency: No Yes

Hospital preference: _____

(PLEASE COMPLETE THE REVERSE SIDE)

Does this student have allergies to: Bee / wasp stings, foods, medications, or other? No Yes

If yes, specify: _____

Is medication / treatment required for this allergy? No Yes

If yes, name of medication(s) / treatment: _____

Is any medication / treatment required in school? No Yes

Does this student have asthma? No Yes

Is medication / treatment required for asthma? No Yes

If yes, name of medication(s) / treatment: _____

Is any medication / treatment required in school? No Yes

Does this student use: glasses contact lenses braces hearing aids assistive appliance: _____

Does this student have any other medical condition or take medications that the school (nurse) should be aware of? No Yes

If yes, please explain: _____

****In order for any medications to be dispensed at school Connecticut State law requires:**

- Written consent from both the health care provider and parent/guardian for all medications (prescription & "over the counter"). These forms are available from the school nurse, on your schools website, or at your doctor's office.
- Medications must be in their original pharmacy or manufacturer labeled container.
- Medications must be transported to school by a responsible adult. Students may not carry medication to school.

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

Please notify the school immediately of any changes

revised 07/01/11 pmc