CENTREVILLE LAYTON SCHOOL EMERGENCY AND MEDICAL INFORMATION CARD 2022202□

This information may be shared with Centreville Layton Staff only

STUDENT NAME: (Last) _____ (First) _____ (M.I)_____

DOB: _____ Gender: _____ Age: _____ Date of last physical examination: _____

Family Physician: _____ Phone: (_____)_____

Child's Psychiatrist (if applicable): _____ Phone: (_____)_____

1. PLEASE CHECK IF YOUR CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING. GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS:

[ ] ADD/ADHD	[ ] Bleeding	[ ] Dental	[ ] Fainting	[ ] Infections	[ ] Seizures
[ ] Autism Spectrum Dis.	[ ] Bone/Spine	[ ] Diabetes	[ ] Hearing	[ ] Kidney	[ ] Speech
[ ] Asthma	[ ] Bowel/Bladder	[ ] Emotional	[ ] Heart	[ ] Menstruation	[ ] Vision
[ ] Behavior	[ ] Chicken Pox	[ ] Frequent colds	[ ] Headaches	[ ] Physical Disabilities	

[ ] Other _____

Comments: _____

2. Does your child have any allergies? [ ] None [ ] Medication [ ] Seasonal [ ] Insects [ ] Food [ ] Latex [ ] Other

Please specify the allergy and the reaction: _____

Indicate treatment for allergies **(Attach the *Allergy/Anaphylaxis Action Plan* from the physician):** _____

_____

3. Have you, your child or anyone in your household tested positive for COVID-19? Yes ____ No ____

4. Has your child had any illness since school ended in June? Yes____ No ____

If yes, please explain _____

5. Has your child had any surgery since school ended in June? Yes _____ No _____

Type of surgery, with date(s) _____

6. Has your child been vaccinated against COVID-19? Yes _____ No _____

7. Please attach a copy of the updated immunization record to this form (including COVID-19).

8. List all your child's medications and treatments including name, dosage, frequency and reason: _____

_____

9. Does your child wear glasses or contact lenses? Yes ____ No ____ Date of last prescription: _____Date of last exam: _____

10. Check next to the following to give permission for the school nurse or authorized school personnel to administer:

___ **All of the below**	____ **None, please call first**	
___ Benadryl	____ Tums	____ Acetaminophen (Tylenol)
___ Cough drops/throat lozenges	____ Eye drops (Visine/lubricating drops)	____ First aid antibiotic ointment (Neosporin/Bacitracin)
___ Ibuprofen (Motrin)	____ Oral anesthetic (Oragel)	____ Topical (Benadryl/Clear Itch/Hydrocortisone 1%)

The Parent/Guardian(s) will be contacted for any child who is seen, evaluated and/or treated in the nurse's office. If it is not an emergency, the nurse will send an email to the email address on file. If we need to speak with you immediately, we will call the emergency numbers listed for the parent/guardian(s) until we get human voice contact.

Parent Signature _____ Date _____

Email #1: _____ Email #2: _____

MOTHER/GUARDIAN:_____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

FATHER/GUARDIAN:_____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

EMERGENCY CONTACTS: *If Parents/Guardians cannot be reached, please call.*

1. Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Has your child had any emotional upset since school ended in June? (deaths, divorces, separations, recent moves, etc.) Please explain:

_____

_____

Additional information Centreville Layton School should know: _____

_____

MEDICAL INSURANCE INFORMATION:

Insurance Provider: _____ Student's Insurance I.D.# _____

Hospital of Preference: _____

SCHOOL MEDICAL EMERGENCY PROCEDURES: Centreville Layton School has adopted the following procedures in caring for your child when he/she becomes sick or injured at school. In case of emergency and/or need of medical care:

1. The school will call parent/guardian cell phone numbers first. If there is no answer,
2. The school will call the parent/guardian home phone and work phone numbers. If there is no answer,
3. The school will call the emergency contacts.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians or emergency contacts until someone is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the admission of anesthesia which may be carried out based on the medical judgment of the attending physician.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____