ASB EMERGENCY AND MEDICAL FORM

STUDENT INFORMATION

Full name: ____ Birth date: __________
Lives in ____________________________ Takes bus Nº:________ Lunch: □ home □ school
Father's name: ________________________ Day Phone: ____________________________
Mother's name: ________________________ Day Phone: ____________________________
Other emergency contact:__________________ Relationship to child: _____________________
Phone:____

CURRENT MEDICAL ISSUES

	*Yes/No		*Yes/No
Asthma		Psychological issues	
Allergies		Frequent headache	
Epilepsy/Seizures		Vision problem	
ADHD		Hearing problem	
Diabetes		Frequent ear infections:	

*If you answered "yes", please attach medical report and indicate treatment at home and/or school:
Daily medication:____
Emergency treatment or medication:____
____
____
__
Should the nurse have these medicines in her office? _________If "yes": please provide them labeled with the student's full name and class written on boxes, along with a completed medication form.

PAST MEDICAL HISTORY Please mention if the child has had the illness (**Y**) or has been vaccinated (**V**) or neither (N).

	Y/V/N	year		Y/V/N	year		year
Chicken pox			Measles			Drug sensitivities_______________	
Whooping cough (pertusis)			Mumps			Operations ________________	
Tuberculosis			Rubella			Fractures___________________	
Meningitis			Hepatitis (A/B)			Heart problem	
Others: (any)							

- Comments: ____
  ____
  ____
  ____
- I authorize the ASB nurse to administer non prescription medication for minor ailments (e.g. paracetamol, ibuprophene, sore throat lozenges, antiseptic, anti swelling creams, homeopathics, etc..) to my child. □ YES □ NO
- **I am submiting a copy of the vaccination certificate**. (please put child's name on each page)
- I am aware of the importance of the above information in order to best treat my child, and will inform the nurse of any changes in the status or treatments for my child. This information is strictly confidential.
- My preferred hospital//doctor is: ____________________phone_________________However, I, the undersigned, authorize my child to be taken to the nearest hospital in case of emergency.

Date________________________ Parent Signature_______________________________