



Grade: _____ Homeroom: _____

Royalton-Hartland Central School District School Year: _____

STUDENT EMERGENCY SHEET

In order that we may update your child's health record, we request your assistance in providing current information regarding:

Student Name: _____ Telephone #: _____

Full Address: _____

ADULTS IN HOUSEHOLD

Full Name: _____ Full Name: _____

Relationship to Student: _____ Relationship to Student: _____

Address: _____ Address: _____

Email: _____ Email: _____

Phone: (H) _____ (C) _____ Phone: (H) _____ (C) _____

Place of Employment: _____ Place of Employment: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Legal Guardian if other than Parent: _____

(Written verification of guardianship necessary if other than parent)

IN CASE OF EMERGENCY

Please provide **TWO** names of people to call in case of an emergency when neither parent can be reached. (This is very important and should be kept up to date.) These contact people should live in a reasonable vicinity as they may be called upon to pick up your child from school.

1) Name _____ Telephone #: _____

Relationship to Student _____ Address: _____

2) Name _____ Telephone #: _____

Relationship to Student _____ Address: _____

In the event of an accident or serious illness requiring immediate medical intervention, every effort will be made to contact the parent/guardian. If the school is unable to contact the person indicated above, I authorize the school to transport my child. Please note: Local rescue will transport only to the nearest emergency facility. I understand that the information contained on this form may be shared with school and transportation personnel as need to protect the student health and safety while at school.

Student Name _____ **DOB** _____

HEALTH HISTORY

Physician's Name/Telephone # _____
(In the event of an emergency, your child will be taken to the closest hospital)

Does your child wear glasses or contacts? yes _____ no _____

Does your child have a hearing aid or loss of hearing? yes _____ no _____

Does your child have any health problem(s) we should be aware of? (seizures, diabetes, fainting, etc)
yes _____ no _____ If yes please describe below:

Any illness or injury in the past year(s)? _____

Does your child require the use of any assistive devices? yes _____ no _____

If yes, please describe: _____

Does your child have allergies? yes _____ no _____ If yes, please describe below:

Food: _____

Medication: _____

Environmental: _____

Does your child require an epi-pen? yes _____ no _____

Does your child require Benadryl? yes _____ no _____

Does your child have asthma? yes _____ no _____

Symptoms: _____

Does your child require use of an inhaler? yes _____ no _____

Does your child take any medications? yes _____ no _____

At Home: _____

At School: _____

IF MEDICATION IS REQUIRED DURING SCHOOL HOURS A FORM MUST BE COMPLETED BY THE PARENT AND THE PHYSICIAN. THE FORM IS AVAILABLE IN THE HEALTH OFFICE. THIS INCLUDES SELF ADMINISTERED MEDICATIONS.

The parent/guardian signature authorizes the nurse to share this information with school staff for health and safety purposes.

Students entering Pre-K, K, 1st, 3rd, 5th, 7th, 9th, and 10th grade must have an updated physical and immunization record at the start of the school year. Certain immunization boosters are required for K and 6th graders.

Parent/Guardian Signature: _____ **Date:** _____

If you have any questions, feel free to call the Health Office Personnel.

High School: 735-2000 ext. 2015 **Middle School:** 735-2000 ext. 2085 **Elementary School:** 735-2000 ext. 2064