

2009-2010

DEERFIELD SCHOOLS EMERGENCY OR ILLNESS NOTIFICATION FORM

(Required by Law to be Reviewed Each Year)

Student Name: _____ DOB: _____ Grade: _____

Person authorized to be responsible for child in case of illness/emergency if parent is unavailable:

Name: _____ Phone No. _____ Cell/Work No. _____

Doctor to be notified: _____ Phone No. _____

Hospital to be used: _____ Phone No. _____

Dentist to be notified: _____ Phone No. _____

If emergency treatment is required and the parent cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated or, if not available an alternate doctor?

____ Yes ____ No If no, what do parents want done? _____

Please list any mental health and/or emotional concerns you feel the school should be aware of _____

Please list medication(s) your child takes at home/school and the reason for the medication:

Prescription: _____

Over the Counter: _____

If your child will be taking medication at school, you are required to complete the Appropriate Medication forms which can be obtained from the school office.

Does your child have any limitations on his/her activity at school? ____ Yes ____ No

If yes, please explain _____

Does your child have allergies (insects, food, drugs)?

If yes, please explain _____

Please check the following conditions that your child has and/or had: ____ Diabetes ____ Hepatitis ____ Asthma

____ Tuberculosis ____ Meningitis ____ Heart Condition ____ Severe headaches/Migraines ____ Seizures

____ Orthopedic problems ____ Urinary/Bowel problems ____ Dizzy Spells/fainting ____ Chronic Skin Rash

____ Exposure to Lead/Lead Poisoning ____ Dental Problems Other _____

In case of an emergency early release due to bad weather, will your child know where to go? Yes ____ No ____

What are your instructions? _____

By signing this form, you are authorizing the school to share with appropriate staff the above information.

Parent Signature _____ Date: _____