



ALL SAINTS' EPISCOPAL DAY SCHOOL
STUDENT HEALTH AND EMERGENCY INFORMATION

Name of Student: Sex: Grade: DOB:
Address: Home Telephone:

Name of Father: Work Telephone: Cell Phone:

Name of Mother: Work Telephone: Cell Phone:

EMERGENCY CONTACTS WITH PERMISSION TO PICK UP STUDENT:

1. Name: Relationship: Telephone:

2. Name: Relationship: Telephone:

3. Name: Relationship: Telephone:

Name of Physician: Telephone:

List medical conditions:

List any allergies/sensitivities:

List medication taken regularly:

ASEDS has a consulting physician who has written standing orders for the medications below. The School Nurse will be administering the medication in age-appropriate dosages for treatment of illnesses/accidents that may occur during school hours and school events.

MY CHILD MAY BE GIVEN (please circle):

- Ibuprofen, antacid, cough drops, antibiotic ointment, Benadryl, Tylenol, Anbesol, Chloraseptic spray, calamine lotion

MY CHILD MAY BE SCREENED FOR VISION AND HEARING: YES NO

Signature of Parent: Date:

INSURANCE INFORMATION

Name of insured: Insurance carrier: Group number:

ID number of insured: Relationship of insured to student:

MEDICAL EMERGENCY PROCEDURES

HOSPITAL PREFERENCE:

These practices will be followed should it be necessary to transport a student to the hospital. All reasonable efforts will be made to honor a hospital preference. However, in emergency situations, the School will defer to the judgment of any emergency medical transport personnel on the choice of hospital.

In the event of a serious MEDICAL EMERGENCY involving an illness or injury, the child will be transported to a hospital emergency department. In such circumstances, a diligent effort will be made to contact parents, other designated individuals, or the child's physician. To deal with a circumstance in which a child experiences a serious MEDICAL EMERGENCY where neither parent nor guardian can be reached, the School requires that the following Medical Consent Form be signed.

MEDICAL CONSENT FORM

Name of Student:

In the event of a serious medical emergency, the Head of School or other authorized school personnel have my permission to have the above named child transported to a hospital emergency department.

I further give my permission to the emergency medical transport personnel, physicians, and/or hospital emergency department personnel where my child is taken to treat the above named child in an emergency situation.

Signature of Custodial Parent or Guardian: Date: