OFFICE USE ONLY:
SUMMER SCHOOL SITE
_____

SUMMER SCHOOL EMERGENCY PROCEDURE/HEALTH INFORMATION

CURRENT SCHOOL _____

STUDENT'S NAME _____
LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH _____ BUS # _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PARENT/GUARDIAN NAME _____

FAMILY PHYSICIAN _____ PHONE _____

SUMMER SCHOOL EMERGENCY NOTIFICATION

(List in order of Notification - Parent/Guardian will be contacted first unless otherwise specified.)

MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

_____
NAME OF PERSON RELATIONSHIP DAYTIME PHONE NUMBER

_____
NAME OF PERSON RELATIONSHIP DAYTIME PHONE NUMBER

_____
NAME OF PERSON RELATIONSHIP DAYTIME PHONE NUMBER

SUMMER SCHOOL HEALTH INFORMATION

(For Health Room Use)

List any **health conditions/handicapping conditions**:

List any **allergies**:

Describe the usual **symptoms/reactions** or any deviation from the usual reaction:

Does your child have any activity restrictions? ☐ Yes ☐ No If yes, please explain.

Will any medication be needed at school? ☐ Yes ☐ No **If yes, a written order from your Doctor is required. Medication forms are available in any school health room.**

- Immunization records for children who have not attended school before, must be submitted and reviewed by the school nurse/health assistant prior to the child attending summer school.
- The information you provide will be handled in a confidential manner. Information provided on this form will be reviewed and discussed with staff as necessary to maintain your child's safety.
- Information provided on this form must be in compliance with Health Services policy and procedure.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

White copy: Health Services Nurse/Health Assistant Yellow copy: Office