

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT - EMERGENCY INFORMATION & ANNUAL PARENT PERMISSION CARD

(This form MUST be completed in full)

(Please PRINT all information)

Students Last Name _____ First Name _____ (circle) Male / Female _____ Students Date of Birth _____ Grade/Section _____

Home Address _____ Student Lives With (example: Mom, Dad, Grandparent, etc) _____

(Provide First & Last names and circle either parent/guardian/step-parent, etc. for all answers below)

Parent/Guardian _____ Home Phone (____) _____

Father/Stepfather's Name _____ Home/Cell # (____) _____

Father/Stepfather's Employer _____ Work Hours _____ Work # (____) _____

Mother/Stepmother's Name _____ Home/Cell # (____) _____

Mother/Stepmother's Employer _____ Work Hours _____ Work # (____) _____

Other LOCAL persons who are authorized to act for parent in an emergency if parent NOT available (provide two)

#1 Name of Alternate & Relationship _____ Phone (____) _____

#2 Name of Alternate & Relationship _____ Phone (____) _____

Family Doctor/Health Care Provider _____ Phone (____) _____

____ Initial if we may contact your health care provider listed above for emergency situations and/or medical questions

In the event of an extreme emergency, please specify which hospital you prefer your child be taken to _____

Type of Health Insurance _____ None _____

Signature of Parent/Guardian _____ PLEASE COMPLETE THE OTHER SIDE OF CARD

Does your child have a special health problem or physical limitation that the school nurse/teachers should know about? NO _____ YES _____

If yes, explain (e.g.: ADHD, asthma, learning disability, diabetic, etc) _____

Does your child have a vision or hearing problem? NO _____ YES _____ if yes, explain and list specialist _____

Does your child have a severe allergy? NO _____ YES _____ if yes, to what/what reaction/treatment _____

Does your child need a special diet or have food problems/allergies? NO _____ YES _____ if yes, explain _____

Per School Protocol (see handbook/website), do you give permission for your child to take Acetaminophen (Tylenol)? NO _____ YES _____ (Please Initial)

Is your child taking any medications, inhalers, supplements, or herbals? NO _____ YES _____ if yes, list _____

Has your child had any illnesses, accidents, injuries, or other within the past year? NO _____ YES _____ if yes, specify _____

Does your child need to take any medications/treatments in school? NO _____ YES _____ if yes, please see handbook/website for medication policy and list _____

PHYSICAL and DENTAL EXAMS – see handbook/website for guidelines/school policy/grades involved

(please initial beside your choice to indicate your consent to each item below and notify school of any questions/concerns)

Physical Exam: By private provider _____ By school doctor/provider _____

Dental Exam: By private dentist _____ By school dentist _____

Please send all private exam reports (forms for providers in handbook/online/in health office) to the Health Office as soon as possible

I have read the health information in the student/parent handbook. I give my permission for my child to have those examinations to which I have consented by initialing in the space provided. I also give permission for the state health screenings as outlined in the handbook. It is the parent/guardian responsibility to keep the school nurse updated on special health needs, injuries, and information. Certain health information is shared with the SCSD staff when necessary for educational concerns and safety. Please notify the school nurse, in writing, if you do not want any health information about your child disclosed. The staff will not be held liable for any undisclosed health problems.

Please notify school officials IMMEDIATELY as to any changes to any/all information stated on either side of this card.

Parent/Guardian Signature _____ Date _____