



ESTHER'S SCHOOL
HEALTH INFORMATION AND EMERGENCY CONTACTS

Student Name: _____ Date of Birth: _____

Does this student have any of the following?

Allergies _____ Asthma _____ Diabetes _____ Heart Disease _____ Seizures _____ Cardiovascular Condition _____

Does student require an Epi-pen? Yes No Does student require an inhaler? Yes No

Please provide details for any conditions noted above and any other health-related information that should be known in an emergency: _____

Please list any medication your child takes: _____

While it is preferable that all medication be administered at home, if medicine must be given while your child is at school, you will need to submit an Authorization to Administer Medication form. This includes school-administered and self-administered inhalers and epi-pens.

EMERGENCY CONTACTS

Parent/Guardian 1:

Full Name: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Alternate #: _____

Parent/Guardian 2:

Full Name: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Alternate #: _____

Alternate Emergency Contacts:

Name/Relationship: _____

Phone #: _____ Alternate #: _____

Alternate Emergency Contacts (continued):

Name/Relationship: _____

Phone #: _____ Alternate #: _____

PERSONS AUTHORIZED TO PICK UP STUDENT

List **full names** below of those persons authorized to pick up your child from School. It is your responsibility to ensure this information is kept up to date. Your child will not be released to any person not listed. A driver's license or other form of picture ID will be required for verification at the time of pick up.

EMERGENCY TREATMENT AUTHORIZATION

I authorize Esther's School to administer general first aid treatment for any minor injuries or illnesses experienced by the minor while at school or school-sponsored event. In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of the school to make such arrangements as considered necessary for my child to receive medical or hospital care, including necessary transportation. If the injury or illness is life threatening or requires emergency treatment, I authorize the Esther's School to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, hospital or other medical professional or institution duly licensed to practice in the state in which treatment is to occur.

Parent/Guardian Signature

Date

Print Name