

Plainville Public Schools

Confidential Student Emergency Information Form

Date _____

Student's Name _____ Grade _____ Teacher _____
 Birth Date _____
 Last First Middle Place of Birth _____
 Address _____ Plainville, MA 02762 Home Phone _____

Email Address _____

Emergencies such as a sudden illness or accident often occur at school. In the event of an emergency, your child will be transported to the nearest local hospital.

Please complete the following information:

Mother's/Guardian's Name _____	Address _____	Home Phone _____	Cell phone _____
Father's/Guardian's Name _____	Address _____	Home phone _____	Cell Phone _____

Child lives with Both () Father () Mother () Guardian ()

Mother's/Guardian's Occupation _____ Place of Employment _____

Address _____ City/Town _____ Tel. () _____

Father's /Guardian's Occupation _____ Place of Employment _____

Address _____ City/Town _____ Tel. () _____

Please arrange for **two other** responsible adults to care for your child in the event that you cannot be reached.

Name _____ Address _____

City/Town _____ Tel. () _____ Relationship _____

Name _____ Address _____

City/Town _____ Tel. () _____ Relationship _____

Please indicate if there are any parental restrictions (e.g., current restraining order)

Please indicate if your child wears Hearing aid(s) ____ Glasses ____ Dentures or partial plates ____

List any **medications**, or **chronic health conditions** such as eye or ear problems, heart disease, diabetes, asthma, allergies*, seizure disorder, etc.

Explanation _____

***Indicate all allergies (be specific)**

Physician's Name _____ Address _____ Tel. () _____

Dentist's Name _____ Address _____ Tel. () _____

Health Insurance _____

Has your child had a physical exam within last two years ____ yes ____ no Date _____

Last dental visit Date _____

I give permission for the School Nurse to share medical information with the appropriate school personnel and to contact my child's physician as necessary.

Signature of Parent/Guardian _____ Date _____

If you have no health insurance, the Commonwealth of Massachusetts has a health insurance plan that will provide uninsured children with affordable health care (restrictions may apply). If you are interested in more information about this program, please contact the School Nurse.