



From the Health Office Eagle Hill School

EMERGENCY MEDICAL INFORMATION FORM

Student's Name: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Family member or friend who can be reached when parents are not available:

_____ (name) _____ (phone) _____ (relationship to child)

Pediatrician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Emergency Information: List any and all conditions (i.e., sensitivity to insect bites, allergies, nightmares, etc.) that might be responsible for an emergency situation, and the treatment used:

Medications currently taken at home: _____

Consent to Administer: I give the school permission to administer the following medications during school hours as needed:

ADVIL _____ BENADRYL _____ ALEVE _____ TYLENOL _____

ADVIL COLD & SINUS _____ THROAT LOZENGES _____ ANTACID _____

Medical Release: In an emergency situation, every effort will be made to contact the parent or family physician. In the event that neither can be reached promptly, I hereby give Eagle Hill School the authority to obtain any medical treatment necessary for my child. I also give permission for the release of medical information for the confidential use of meeting my child's health and educational needs.

Parent/Guardian Signature: _____

Date: _____