



## 2022-2023 EMERGENCY & MEDICAL INFORMATION

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK UP CHILD:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician or dentist listed below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

### MEDICAL INFORMATION

Doctor's Name and Phone #: \_\_\_\_\_

Dentist's Name and Phone #: \_\_\_\_\_

Student's Medical History: (Please indicate if the student has any significant medical problems such as asthma, diabetes, heart condition, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Allergies: Bee stings, wasps \_\_\_\_\_ Penicillin/antibiotics \_\_\_\_\_  
Dairy, eggs \_\_\_\_\_ Dust/mold \_\_\_\_\_  
Peanuts, tree nuts \_\_\_\_\_ Other (specify): \_\_\_\_\_

Medications needed (please list): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's Contact Information:

781/396-3636 ext. 4

[mdampolo@sjsmedford.com](mailto:mdampolo@sjsmedford.com)