

**Department of Continuing Education  
155 Firetown Road Simsbury, CT 06070**

**Nursing Services are NOT available at ALL sites.  
Parent/Guardian of ALL students under the age of 18, must complete this form**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ **Course Code** \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION**

1. \_\_\_\_\_  
 Parent/Guardian                      Employer                      Business Phone                      Cell Phone

2. \_\_\_\_\_  
 Parent/Guardian                      Employer                      Business Phone                      Cell Phone

Alternate persons readily available whom we may contact if parents/ guardians are unavailable.

3. \_\_\_\_\_  
 Name                      Relationship to student                      Phone                      Cell Phone

4. \_\_\_\_\_  
 Name                      Relationship to student                      Phone                      Cell Phone

Doctor: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_  
 Dentist: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Allergic to:**  
 Bee Stings                       Shellfish  
 Medication: \_\_\_\_\_  
 Other (please indicate): \_\_\_\_\_  
 \_\_\_\_\_

**Medical Concerns:**  
 Diabetic  
 Seizure Disorder  
 Other medical-related: \_\_\_\_\_  
 \_\_\_\_\_  
 IEP                       504

\*\* List any medication needed to be administered **DURING CAMP HOURS** (name & dose), we must have a current physician's medical authorization form attached to this Health form for any medications listed. For SAA & PE classes, the orders need to be brought to the nurse **at least 2 days prior** to class starts.

<u>Medication</u>	<u>Time administered during camp/class</u>

Any other concerns/issues you need to share with staff who is supervising your child:  
 \_\_\_\_\_  
 \_\_\_\_\_

**If your child REQUIRES medication during class(es), please arrange time to discuss procedures with Sue Beardsley, Director of Health Services; 860-658-0451 ext. 711**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_