

# Simsbury Public Schools

## STUDENT EMERGENCY INFORMATION

Student Name: \_\_\_\_\_  
Last
First
Middle

School: \_\_\_\_\_ Grade: \_\_\_\_\_ H.R. Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Home Phone: \_\_\_\_\_ Student's Cell (optional): \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

1<sup>st</sup> Contact: \_\_\_\_\_  
Parent/Guardian
Employer
Business Phone
Cell Phone

2<sup>nd</sup> Contact: \_\_\_\_\_  
Parent/Guardian
Employer
Business Phone
Cell Phone

**Alternate Persons readily available whom we may contact if parents/guardians are unavailable:**

3<sup>rd</sup> Contact: \_\_\_\_\_  
Name
Relationship to Student
Home/Business Phone
Cell Phone

4<sup>th</sup> Contact: \_\_\_\_\_  
Name
Relationship to Student
Home/Business Phone
Cell Phone

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Information:

Company \_\_\_\_\_

Number: \_\_\_\_\_

Dental Insurance Information:

Company \_\_\_\_\_

Number: \_\_\_\_\_

**MEDICAL CONCERNS:**

\_\_\_\_\_ asthma treatment (past 3 years):

\_\_\_\_\_ diabetic:

\_\_\_\_\_ concussion

\_\_\_\_\_ seizure disorder/treatment

**ALLERGIC TO:**

\_\_\_\_\_ wasps or bee stings

\_\_\_\_\_ shellfish

\_\_\_\_\_ nuts/peanuts

\_\_\_\_\_ other foods

\_\_\_\_\_ medication

\_\_\_\_\_ other - describe

**EXPLANATIONS:**

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\_\_\_\_\_

**MEDICATIONS:**

Currently being taken (name and dose):

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

School policy and state law requires all medication (including over-the-counter) to have written parent/guardian AND physician authorization to administer medication at school. Please notify the school of any change in the above information. Medication must be delivered to the school nurse in the original pharmacy labeled container by a parent/guardian or responsible adult.

I give permission for you to take whatever action you deem necessary for the health and welfare of my child. Nurses, administrators, teachers, and other staff members shall provide first-aid treatment to pupils in emergency situations. Whenever possible, the school nurse shall supervise first-aid treatment of pupils.

**Epinephrine Administration**

§10-212a-2 The parent or guardian of a student may submit, in writing, to the school nurse or school medical advisor, if any, a notice that epinephrine shall not be administered to such student. The school district shall annually notify parents or guardians of the need to provide such written notice.

\_\_\_\_\_  
 Parent/Guardian's Name and Signature Date

Please call your school nurse to relay any information that you feel is necessary for only the school nurse / 911 to be aware for emergency purposes but remains confidential.