

EMERGENCY INFORMATION:

Date of Admission _____

Child's Name: _____

Birthdate: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Child's Religion: _____

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

Father's Business Address & Phone#: _____

Mother's Business Address & Phone#: _____

Doctor & Phone#: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Dentist & Phone#: _____

Full Address: _____ City: _____ State: _____ Zip: _____

The State of Ohio requires two emergency contacts in the event that a parent cannot be reached.

1. Name, Relationship & Phone#: _____

2. Name, Relationship & Phone#: _____

If one of the child's parents does not live at the child's home address, please give address and telephone number: _____

Health Record:

List of Allergies: _____

List of Chronic Physical Problems: _____

List any diseases child has had: _____

History of Hospitalization: _____

List any medications, food supplements, modified diet or fluoride supplements currently being administered to child: _____

Immunization Record: Enter month/day/year

DPT: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

POLIO: 1 _____ 2 _____ 3 _____ 4 _____

HIB: 1 _____ 2 _____ 3 _____ 4 _____

MEASLES/MUMPS/RUBELLA (usually combined as MMR)

If separate, MEASLES _____ MUMPS _____ RUBELLA _____

To Grant Consent

Part 1: *Permission To Transport Child*

I give Springs East permission to transport my child, _____

1) To (hospital or clinic) _____ for emergency medical care

2) To (dentist or clinic) _____ or to the nearest available source of assistance.

3) To and from Springs East School for reasons such as heat loss, school photos, field trips and other special events.

4) To or from the Public School, in the event that your child misses his/her Kindergarten bus.

Refusal To Grant Consent

I do not give permission to Springs East School to transport my child _____ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental care, I wish the following action be taken _____

Supply Information

Signature of Parent _____ Date _____

Roster Permission

_____ I grant my permission to have my child's name included on the school roster.

_____ I do not wish my child's name included on the school roster.

Signature of Parent _____ Date _____