

LEBANON PUBLIC SCHOOLS

Lebanon Elementary School
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Lebanon Middle School
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Lyman Memorial High School
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STUDENT EMERGENCY INFORMATION 2011-2012

STUDENT NAME: _____ GRADE (2011-2012) _____
Last First

STUDENT ADDRESS: _____
Street Town

HOME PHONE: _____ BIRTHDATE (MM/DD/YY): ____/____/____

PARENT / GUARDIAN INFORMATION

Mother's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

Father's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

Step-Parent/Guardian: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

EMERGENCY CONTACTS *List two (2) neighbors or relatives who will assume temporary care of your child if you cannot be reached. (They must drive and be at least 18 years old.)*

- 1. Name/Town _____ Relationship _____ Phone: () _____
- 2. Name/Town _____ Relationship _____ Phone: () _____

Does your child have health insurance **Yes / No**
If no, would you like information involving the Connecticut Husky Plan? **Yes / No**

AUTHORIZATION FOR FIRST AID, MEDICAL TREATMENT, TYLENOL/ADVIL OR OTHER MEDICATIONS

In case of accident, illness or injury, I grant permission for school personnel to administer first aid or secure medical treatment for my child. In case of emergency, your child will be taken to the nearest medical facility.

Parent/Guardian Signature: _____ Date _____

I grant permission for generic forms of Tylenol or Advil or Tums to be administered to my child.

Parent/Guardian Signature: _____ Date _____

If your child has a life threatening allergy or a serious medical condition that may require emergency care or special procedures at school, please telephone school nurse directly prior to beginning of the school year, at time student enrolls, or as soon as diagnosis is made so plans for care can be developed.

Student Allergies	Chronic Illnesses or Medical Conditions (list)	Medications (list) Include medications taken at home
Has student been prescribed epinephrine (EpiPen or Twinject) for a life threatening allergy? Y____ N____ If yes list allergy: _____	_____ _____ _____	_____ _____ _____
Other Allergies: _____	_____	_____

Please turn over and fill out reverse side

LEBANON PUBLIC SCHOOLS
ANNUAL HEALTH SUMMARY
School Year 2011-12

STUDENT NAME: _____ **GRADE:** _____ **HOMEROOM:** _____

Student's Physician: _____ Phone: (____) _____

Please check the following illnesses or conditions that apply:

- Frequent colds
- Sore throats
- Ear Infections/hearing impairment
- Seizure disorder
- Heart
- Kidney
- Diabetes
- Migraines / frequent headaches
- Other _____
- Asthma

- Bone Fractures
- Dislocations/Sprains
- Scoliosis
- Weight Problems
- Recent Surgery/hospitalization
- Concussion/Head injuries
- Frequent nosebleeds
- High blood pressure
- Skin conditions

Allergic to:

- Animals
 - Drugs
 - Foods _____
 - Milk, Milk products
 - Bee stings
 - Environmental allergies (dust, pollen, grass, etc)
 - Other Allergies
- Epinephrine prescribed?
(Y___ N___) If yes,
list allergy _____

If checked, please rate severity level

- mild intermittent mild persistent
- exercise induced severe persistent

Please explain any conditions checked above:

Is there any other condition pertaining to your child's health you would like to bring to the attention of the school nurse? (Please include any major health changes in last year.)

- Has your child had a tetanus booster in the past year? Y___N___ If yes, date_____
- Does your child wear glasses or contacts? Y___N___ for Distance ___ Reading ___

Will your child need to take medication at school. Y___ N___ List med. _____

Connecticut State Law requires a written medication order signed by an authorized prescriber and parent/guardian be submitted for any medication administered at school or any medication authorized to be self-carried by student (inhalers & Epinephrine by older students). Contact school nurse for more information, or if forms are needed.

I have reviewed the above information and completed it to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

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