

The Quaker School at Horsham Emergency Information Form 2018-19

Student Name _____ / / _____

First

M

Last

Date of Birth

Address _____ Zip _____

Parents/Guardian

Home

Cell

Work

Name (1) () () ()

Name (2) () () ()

Health/Insurance Information

Med. Ins. Plan _____ Policy # _____ Group # _____

Primary Physician _____ Phone # _____

Dentist/Orthodontist _____ Phone # _____

Tetanus Shot - Yr: _____

(Check all that apply)

Asthma: Diabetes: Glaucoma: Epilepsy: High blood pressure: Heart condition (Describe):

Other conditions: (List all) _____ No known medical problems: _____

ALL ALLERGIES REQUIRE A CARE PLAN TO BE COMPLETED (SEE ATTACHED)

Allergies: _____ Medication Allergies: _____

Food Allergies: _____

Current Medications (List Below) _____ Dosage _____ Time Taken _____

Over the Counter Medicines

I authorize: I do not authorize: That Acetaminophen/Tylenol be given by the school staff as needed.

I authorize: I do not authorize: That Tums be given by the school staff as needed.

I authorize: I do not authorize: That first aid treatment be given by the school staff as needed.

TQS does not supply Ibuprofen (Motrin/Advil), please complete an Order for Medication form and provide a bottle as specified in the medication policy.

All Medications will be administered according to manufacturer's recommendations unless otherwise noted.

The Quaker School at Horsham will make every reasonable effort to contact the parents or guardians of an injured student. In a case where the school is unable to contact the parents or guardians of a student, the school will call 911 or take the child to the nearest emergency room for treatment. We, the undersigned parents hereby give the school and the hospital, doctor or other health care provider permission to administer treatment until such time as we can be reached.

Authorized signature: _____ Date: / / _____

Signature

Please Print Name

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Student Name _____ / /

First
Middle
Last
Date of Birth

Emergency Contacts

It is important that we have (3) additional contacts. DO NOT LIST PARENTS HERE. Parents are always called first. Make sure to list contacts in the order they should be reached.

Name	Relationship	Home	Cell	Work
(1) _____		() _____	() _____	() _____
(Address) _____			Can pick up child at school	Yes No
(2) _____		() _____	() _____	() _____
(Address) _____			Can pick up child at school	Yes No
(3) _____		() _____	() _____	() _____
(Address) _____			Can pick up child at school	Yes No

Choose One

- Child is old enough to have a key and stay at home alone until a parent arrives.
- Child would go to a neighbor's home. (Address and Phone Number) _____