EMERGENCY CONTACT INFORMATION
St. Thomas the Apostle School
EMERGENCY HEALTH INFORMATION

_____ _____
School Year Grade/Homeroom

_____ ___ _____
Student's Name: Last, First, Middle Initial M/F Date of Birth

Known Allergies: *Please check if "YES" and explain on line to the right*

_____ Insects _____
_____Animals (Dander) _____
_____To Foods _____
_____Drugs _____
_____Other _____

*Please not that **ALL** medications, including over the counter medications, to be given at school must be prescribed by an MD, dentist, APRN, PA, optometrist, or podiatrist. The order must accompany the medication in its **original** container and be delivered by a parent/adult to the school nurse.*

Has your M.D. prescribed adrenalin? (Epipen, Anakit) _____Yes _____No

Medications taken at home or school:_____

Inhaler:_____

Explain why: _____

Other health concerns:_____

Does your child wear contact lenses? _____Yes _____No

Child's Physician: _____ _____
Name Phone w/Area Code

Child's Dentist: _____ _____
Name Phone w/Area Code

Choice of hospital to be used if medically expedient:_____

Health Insurance: Yes ☐ No ☐

In the event of severe allergic reaction with life-threatening symptoms such as breathing difficulties, wheezing and other signs of impending anaphylactic shock, I give permission to the school nurse or in the absence of the school nurse, a qualified school employee to administer Epinephrine in accordance with the guidelines set forth by the school medical advisor and CT PA 14-176.

I understand that in the event of an accident or serious illness the school will try to contact me. If medical transport is required, I give the school permission to transport the student for medical care as deemed necessary.

I understand and give permission for the school nurse to provide health services, education, health screenings mandated by the State of CT, and routine first aid according to approved medical guidelines.

_____
Parent Name (Print or Type)

_____ _____
Parent's Signature Date

Please Note: All information contained in this document will be used for school business and in the interest of the health and safety of your child as it relates to his/her time at school. Emails and home addresses will be used for emergency contacts, school directories, and early dismissal notices.