

Emergency Contact Information

Secondary Students

Independent School District 196

Rosemount - Apple Valley - Eagan Public Schools

Teacher _____ Grade _____

School _____

Student's Last Name _____ First _____ Middle _____

Male Female

Series Number 506.2.1.2P Adopted December 1987 Revised June 2012 Title Emergency Information – Secondary Students

Home Phone (____) _____ – _____ Unlisted Birthdate _____ email: _____

Address _____ City _____ Zip _____

CODE (relationship to student)	
F = Father	G = Guardian
M = Mother	X = Self
S = Step parent	GP = Grandparent
P = Foster parent	
O = Other	

Parent or Guardian Information

1. (Last name, First name) _____ **CODE** _____

Home Phone (____) _____ – _____ Work Phone (____) _____ – _____ Cellular (____) _____ – _____ Other (____) _____ – _____

Address _____ City _____ State _____ Zip _____ email: _____

2. (Last name, First name) _____ **CODE** _____

Home Phone (____) _____ – _____ Work Phone (____) _____ – _____ Cellular (____) _____ – _____ Other (____) _____ – _____

Address _____ City _____ State _____ Zip _____ email: _____

List **two** neighbors or relatives who will assume temporary care of child if you cannot be reached:

Name _____ Address _____ Phone (____) _____ – _____

Name _____ Address _____ Phone (____) _____ – _____

In case of serious accident or illness and I cannot be reached, I authorize Dr. _____ to give necessary treatment. You may call him/her at phone (____) _____ – _____

Severe allergies (i.e., to bee stings, peanuts, milk, etc.) _____ **Describe** _____

Med. Asst. Eligible No Yes

Current medical information to be added to health record, i.e., immunization, illness, surgery _____

Significant chronic health concerns (diabetes, etc.) **and current medication(s)** _____

PERMISSION

The District 196 school nurse has permission to administer to my child:

Yes No
 acetaminophen (generic Tylenol)
 Ibuprofen

To Parent or Guardian:

Your student's welfare is our first consideration. In case of the serious injury or illness of a student in school, the following steps will be taken immediately: The school nurse will be called; emergency line 911 will be called, if deemed necessary, and you or the person designated on this emergency card will be called. If none of the persons listed can be reached, school personnel will implement emergency procedures to protect the health and safety of your student. It is your responsibility to make arrangements for proper care in case your student is injured or becomes too ill to stay in school when you are away from home.

There have been instances when we could not reach parents or guardians of injured or ill children because this card was not accurate. Please complete this card so we can keep our records up-to-date and initiate emergency care quickly. If there are any significant changes in your student's health, please call to keep the school nurse informed.

X Signature of Parent or Guardian _____ Date _____

SELF-ADMINISTRATION OF NON-PRESCRIPTION PAIN MEDICATION FOR 7th - 12th GRADE STUDENTS ONLY

My 7th - 12th grade student has my permission to self-administer non-prescription pain relief subject to the conditions below:

- I understand the medication must be in its original container.
- I have determined that my student is knowledgeable in the proper dosage, use and administration of this medication in a manner consistent with labeling.
- I understand that if school administration determines these rules have been abused, the school may revoke this privilege.
- I understand that my student may not possess pain relievers containing ephedrine or pseudoephedrine.
- I understand my student cannot share this medication with other students.

X Signature of Parent or Guardian _____ Date _____

DATA PRIVACY ADVISORY

The information you provide is classified as private data. Pursuant to Minnesota Statutes 13.04, Subd. 2, you are hereby informed that the information supplied on this form may be used by school personnel that have a need to know the information. This may include teachers, principals, nurses or other school staff. You are not legally required to provide the information requested in this form, however failure to supply requested information may inhibit emergency procedures. In the event of an emergency, the information supplied on this form may be shared with other public and private individuals including, but not limited to, law enforcement personnel, doctors or paramedics, or listed emergency contact persons.