

Please fill out the following information to ensure the safety of your child during the school day. The school will make every effort to contact you in the event of an accident or sudden illness.

EMERGENCY MEDICAL INFORMATION

Does your child have any of the following:

Drug allergies: _____

Environmental Allergies: _____

Allergies to Bug Bites/Stings _____ EPI-PEN Prescribed _____

Food allergies/Dietary Restrictions _____ EPI-PEN Prescribed _____

Other Medical Illnesses/Conditions/Concerns: _____

Does your child wear: Glasses _____ Contacts _____ Braces _____ Retainer _____ Hearing Device _____

Student's Medical Doctor

Address

Telephone

Student's Dentist/Orthodontist

Address

Telephone

Medical Insurance Co. _____ Ident./Group# _____

In case of a medical emergency involving my child I grant permission to the WPS to provide medical treatment and transport via ambulance to the nearest medical facility.

Signature of Parent/Guardian

Date

EMERGENCY CONTACT INFORMATION

Names of 2 persons who may be called or to whom your child may be released in case you cannot be reached.

Name

Address

Telephone/Cell

Name

Address

Telephone/Cell

ADMINISTRATION OF OVER THE COUNTER MEDICATION TO MY CHILD BY SCHOOL NURSE

I consent to the following medications to be given to my child as needed for injury or illness, unless otherwise noted:

Ibuprofen _____ Tylenol _____ Benadryl _____ Tums _____ Bacitracin/Neosporin/Hydrocortisone 1% creams _____

Signature of Parent/Guardian

Date

EMERGENCY CONTACT NUMBER – WAYLAND POLICE DEPARTMENT REVERSE 911

The Wayland Police Department is updating its reverse 911 notification list to be used in the event of an emergency. The police have requested that each family provide ONE (and only one) phone number to be used to send out emergency notification. Each school will provide the police with a phone number for each student. This can be a home, work or cell number. The emergency number we have on file is listed under the students name on the reverse side of this form. Please make changes there if necessary.

PLEASE SEE BOTH SIDES OF THIS FORM