STUDENT HEALTH AND EMERGENCY INFORMATION FORM

Student's Name_____

Last First Middle

Home Phone _____ Address_____
(Area Code)

Date of Birth _____ Sex: F M Primary Language at home _____
Secondary Language _____

Does your child have Health Insurance? Yes___ No___ Name of Insurance Co. _____
(If you do not have Health Insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply), please contact the school nurse for more information All communication will be confidential.)

Name Mother/Guardian _____ Cell Phone_____
Home Address_____ Home Phone (area code) _____
Work Address_____ Town/City_____ Phone_____ Ext____
Email address_____

Name Father/Guardian_____ Cell Phone_____
Home Address_____ Home Phone (area code) _____
Work Address_____ Town/City_____ Phone_____ Ext____
Email address_____

Name of others who will assume responsibility/transportation in the absence of parent/guardian:
Name_____ Relationship_____ Phone_____
Name_____ Relationship_____ Phone_____

Physicians Name_____ Phone _____
Dentists Name_____ Phone _____

List any prescription medication your child takes at home:
1:_____2._____
3:_____4_____
(Include inhalers/Insulin/Antidepressants/Cardiac/Behavioral medications etc.)

*In order for your child to take medication during their stay, **You must provide all medications in the original and current prescription container with a prescription label.** This includes prescription medication such as inhalers, Epipens over the counter medication, including cough syrups, nasal sprays, etc.

Please check all that applies to your child:
_____ Heart Condition _____ Diabetes (Type I Insulin Dependent) _____Asthma
_____ Seizure Disorders _____ Migraines _____ADD _____ADHD _____Others
Specify:_____

Diabetic, Finger Stick Testing at school? ___ Y __ N (You must provide your own Glucometer)
Allergies: List all/any specific allergies: _____
Identify if your child will have an EPIPEN at school for his/her allergy: _____Y _____N

In case of emergency, the university will attempt to contact parent/guardian.

I give permission for my child to be transported by ambulance to the closest emergency care facility if necessary.

I give permission to share information relevant to my child's condition with appropriate personnel when needed to meet my child's health and safety needs.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____