

EMERGENCY MEDICAL INFORMATION

Child's Name: _____ Age: _____ Birthdate: ___/___/___
(Last) (First) mm dd yyyy

IN AN EMERGENCY IF I AM UNAVAILABLE, I HAVE ARRANGED FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD:

- 1. _____ Phone No. _____
- 2. _____ Phone No. _____
- 3. _____ Phone No. _____
- 4. _____ Phone No. _____

The SKIP/WWS program provides reasonable accommodations for students with special needs. It is helpful for the staff to be aware of children whose medical, physical, learning, or social disabilities require special consideration. All children must have independent toileting skills. Accommodations are made within the framework of existing staffing ratios, and program organizations, but do not extend to substantial modifications in the childcare purpose, cost, or availability of appropriate supervision for all participants.

Does your child have:

- 1. Any health issues that require assistance in any activities of daily living, i.e. toileting, eating, communicating? YES _____ NO _____
If yes, please list: _____
- 2. Any allergies to food, medication, bee stings, pollen, latex or foods? YES _____ NO _____
If yes, please list: _____
Type of reaction: Rash? Hives? Other skin condition? (Circle all that apply). Does your child take any medications/Epipen for allergy symptoms? Please list:

- 3. A chronic or ongoing illness (such as diabetes or asthma)? YES _____ NO _____
- 4. Any prescribed or over the counter medications that are taken on a regular basis? YES _____ NO _____
If yes, please list:

- 5. Does your child receive special services during the school year? YES _____ NO _____
If you answered yes, please explain and specify the nature of your child's needs and your recommendations in caring for them:

In the event of an extreme emergency, if parent, guardian, or emergency contact cannot be reached, I give permission to the school authority to arrange proper medical care at the following hospital/medical/dental facility: _____

Family Physician: _____ Phone No. _____

Authorization: My signature below indicates that I have accurately filled out this form to the best of my knowledge, and I understand that it is my responsibility to update any information in a timely manner.

Parent's Printed Name: _____
Signature: _____ Date: ___/___/___