BIRMINGHAM PUBLIC SCHOOLS EMERGENCY INFORMATION AND TREATMENT PERMISSION FORM
Birmingham Covington School 2017-2018

--Please print clearly for all information requested--

Academic Lab Teacher _____

	Current Information in the School Data Base	***Corrected or New Information***
Student Name	_____ *Grade* _____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Birth Date	_____ *Student Gender* _____	_____
Primary Parent Email	_____	_____
Student ID #	_____	

Parent/Guardian Name _____ _____

Relationship	_____	**Emergency Call Order #___**	_____
Home Phone	_____	Resides with Student ☐	_____
Work Phone	_____	Authorized Treatment ☐	_____
Cell Phone	_____	Authorized Pickup ☐	_____
Allow Texts	☐Yes ☐No		
Street Address	_____		_____
City, State, Zip	_____		_____
Email	_____		_____

Parent/Guardian Name _____ _____

Relationship	_____	**Emergency Call Order #___**	_____
Home Phone	_____	Resides with Student ☐	_____
Work Phone	_____	Authorized Treatment ☐	_____
Cell Phone	_____	Authorized Pickup ☐	_____
Allow Texts	☐Yes ☐No		
Street Address	_____		_____
City, State, Zip	_____		_____
Email	_____		_____

Please complete the information below and print clearly.

Contact Name #3 _____ **Emergency Call Order #___**

Relationship	_____	Authorize Pickup	☐Yes ☐No
Cell Phone	_____	Authorize Treatment	☐Yes ☐No
Other Phone	_____		

Contact Name #4 _____ **Emergency Call Order #___**

Relationship	_____	Authorize Pickup	☐Yes ☐No
Cell Phone	_____	Authorize Treatment	☐Yes ☐No
Other Phone	_____		

Contact Name #5 _____ **Emergency Call Order #___**

Relationship	_____	Authorize Pickup	☐Yes ☐No
Cell Phone	_____	Authorize Treatment	☐Yes ☐No
Other Phone	_____		

I acknowledge the information on this form is true and accurate and will notify the appropriate school personnel when this information changes.

Parent Signature _____ **Date** _____

BIRMINGHAM PUBLIC SCHOOLS EMERGENCY INFORMATION AND TREATMENT PERMISSION FORM
Birmingham Covington School 2017-2018

Student Last Name_____ Student First Name_____

Does your child have any specific physical/health problems? ☐ YES ☐ NO

Check any of the following medical condition your child has:

☐	**Asthma**	☐	**Cardiac**	☐	**Diabetes**	☐	**Psychological**	☐	**Other: (Be Specific)**
☐	**Blood Abnormalities**	☐	**Convulsive Disorder, Seizures**	☐	**Neurological**	☐	**Orthopedic**	☐	**Other: (Be Specific)**

List Allergies your child has: (please be specific)

☐	**Food (e.g. peanuts)**	☐	**Products (e.g. latex)**
☐	**Medications**	☐	**Other (e.g. molds, dust)**
☐	**Insects (e.g.bees)**	☐	**Other (e.g. molds, dust)**

Physician or Specialist providing care for the above condition(s) or allergies:

Physician Name(s):_____ Phone:_____

Condition or Allergy:_____ Specify medication: _____

List any medication the student is taking and the reason for the medication: (please be specific)

_____

_____

Does your child require any of the following to be administered while in school? (check items)

- Please provide medication, PERMISSION TO ADMINISTER MEDICATION form and CARE PLAN to the school office.

☐	**Epi Pen**	☐	**Benadryl**	☐	**Peak Flow Meter**	☐	**Prescription or Over the Counter Medication (list)**
☐	**Blood Sugar Test**	☐	**ADHD Meds**	☐	**Asthma Inhaler**	☐	**Prescription or Over the Counter Medication (list)**

Student's Primary Care Physician: _____ Phone: _____

Health Insurance Company: _____Policy Number: _____

IN CASE OF EMERGENCY the school authorities have my permission to take such action as they deem necessary.

_____
Parent/Guardian Signature Date

Emergency personnel have the legal right to "save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available. Please read and **CHECK ONE** of the following statements. **(Witnessed signature required.)**

_____In case of an injury or illness involving my son/daughter, _____, and when neither parent/guardian can be reached at the phone numbers provided, **WE AUTHORIZE** emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.

_____In case of an injury or illness involving my son/daughter, _____, and when neither parent/guardian can be reached at the phone numbers provided, we **DO NOT** give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. **NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.**

_____ _____
Parent/Guardian Signature Date **Witness Signature (Required)** Date