The Marie Philip School
at The Learning Center for the Deaf

STUDENT EMERGENCY INFORMATION

Date: _____

Complete the following information and return to school immediately.

Student name_____Date of Birth_____
Last, First, Middle name

Address_____

Home phone_____Primary language at home_____Grade_____Sex_____

Does your child have health insurance? Yes ☐ No ☐

Health Insurance _____Policy Number _____

Dental Insurance _____Policy Number _____

Parent/guardian_____ Parent/guardian_____

Relationship to child_____ Relationship to child_____

Home address_____ Home address_____

_____ _____

Home phone_____ Home phone_____

Work phone_____ Work phone_____

Pager_____ Pager_____

Cell number_____ Cell number_____

Email address_____ Email address_____

Preferred contact number_____ Preferred contact number_____

Primary language_____ Primary language_____

List 2 Emergency contacts if parent/guardian is unavailable:
Required by Department of Elementary and Secondary Education

Name_____ Name_____

Relationship to child_____ Relationship to child_____

Day phone_____ Day phone_____

Pager _____ Pager_____

Email address_____ Email address_____

Work phone_____ Work phone_____

Cell phone_____ Cell phone_____

In case of emergency, the school will attempt to contact parent/guardian before calling student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.

Parent/guardian signature_____Date_____

Physician's name_____Phone_____

Dentist's name_____Phone_____

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STUDENT HEALTH INFORMATION

Date: _____

Student name _____Height_____Weight_____

Ethnicity_____Hair color _____ Eye color _____ID marks_____

Self care ability Feeding ☐ Independent ☐ Needs assistance

Toileting ☐ Independent ☐ Needs assistance

HEALTH HISTORY

Please list all medications that your child takes:_____

_____

What medications will be given at school:_____

_____

Please check all health issues that apply to your child:

☐ Heart condition ☐ Diabetes ☐ Asthma ☐ Seizure disorder ☐ Migraines

☐ Cochlear implant ☐ Left-date implanted_____ ☐ Right-date implanted_____

☐ Other medical issues (please specify)_____

_____

Please list mental health issues that apply to your child:

_____

_____

Please check allergies that apply to your child:

☐ food ☐ insects ☐ medication ☐ environment ☐ other ☐ NKA (no known allergies)

Specify your child's allergies:_____

_____

Epi-pen ☐ yes ☐ no Date of last dental exam_____

Recent surgical/serious illness or change in diagnosis_____

_____

TYLENOL/ADVIL PERMISSION

Please check ALL the following that you give your permission for your child to receive during school hours:

☐ Advil ☐ Tylenol ☐ Bacitracin ointment ☐ Sunblock

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment. I give permission for emergency medical treatment.

Parent/guardian signature_____Date_____

The Marie Philip School
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Authorization and Permission Form

Date: _____

I, parent/guardian of:_____ _____ _____
Last name First name Middle name

Yes ☐ No ☐ I authorize The Marie Philip School to take my child on field trips utilizing school vehicles or other school approved means of transportation.

Yes ☐ No ☐ I authorize The Marie Philip School to use a picture or videotape of my child for purposes of brochures, newsletters, MPS web page and other media related to the promotion of the school and its activities. When possible I will be notified of the school's intentions to use this representation.

Comments:_____

_____

Parent/guardian permission to participate in the Physical Education and Athletics Program

Physical Education Program

Yes ☐ No ☐ My child may participate fully in The Marie Philip School's Physical Education Program.

If **NOT** please specify restrictions:_____

_____

_____

Medical documentation of participant's restrictions is required

The Marie Philip School's Athletic Program

Yes ☐ No ☐ My child may participate fully in The Marie Philip School's Athletic Program.

If **NOT** please specify restrictions:_____

_____

_____

Medical documentation of participant's restrictions is required

In order to be accepted onto a team and participate in practice and sports events, a student is required to have a current physical exam, less than 1 year old, that states he/she may participate fully in sports and specifies any limitations.

Parent/guardian signature:_____Date:_____