

PERU JUNIOR HIGH SCHOOL
STUDENT EMERGENCY MEDICAL INFORMATION SHEET
2016-2017

Student Name: _____ Grade: _____ Date: _____

Signature of Mother/Step/Guardian _____

Signature of Father/Step/Guardian _____

The signature(s) above will also be the only one(s) accepted on any notes for your child. If only one signature is applicable, please insert N/A (not applicable) on the line not used.

Both parents or guardians names (printed) _____

Phone numbers: Home: _____ Work: _____

Other Contact: _____ Phone Number: _____

E-mail Address: _____

Doctor: _____ Dentist: _____

Important medical information _____

List **ALLERGIES**: _____

Medications taking: _____

NON - EMERGENCY PERMISSION TO LEAVE SCHOOL

There are times when a student needs to leave school for non-life threatening reasons. However, legally a child cannot **ever** leave school without prior parent permission. A parent cannot always be reached to obtain this permission; therefore, the child must stay in school (often in a very uncomfortable condition). In order to prevent this situation, a parent can elect to allow others to give permission for the child to leave school for a good reason. This person should be willing to act in the place of the parent and **must** be available to pick the student up from school, if needed. If a student is ill they will not be allowed to go home on their own. **They must be picked up.**

Do NOT use names and numbers already used above as those numbers will be called first.

NAME	RELATIONSHIP TO STUDENT	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____