

Form #1

STUDENT EMERGENCY CONTACT FORM 2017-2018
COOPERATIVE EDUCATIONAL SERVICES
DIVISION OF SPECIAL EDUCATION

Circle Program Your Child Attends:

PLC (Preschool-Primary Learning Center)

DLC (Developmental Learning Center)

TDP (Therapeutic Day Program)

Student's Last Name _____ First Name _____ Middle Name _____ Birthdate _____

Student's Address _____ Town _____ Zip Code _____ Home Phone _____

Email: _____

Student lives in the same home with (circle all that apply): Both Parents Mother Father

Stepmother Stepfather Foster Parent(s) Guardian Others (please list) _____

1) Parent/Guardian Name: _____ Work Phone _____ Cell Phone _____

2) Parent/Guardian Name: _____ Work Phone _____ Cell Phone _____

Please list other Parent/Guardian Phone number which may be different than above:

PERSONS TO CONTACT IN CASE OF EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED: (LIST SOMEONE OTHER THAN YOURSELF/PARENT/GUARDIAN)

1) Name _____

2) Name _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Phone Numbers _____

Phone Numbers _____

MEDICAL DOCTOR/HEALTH CARE PROVIDER INFORMATION:

Dr. Name	Dr. Specialty	Address	Phone #

**COOPERATIVE EDUCATIONAL SERVICES
DIVISION OF SPECIAL EDUCATION
CURRENT HEALTH STATUS FORM 2017-2018**

STUDENT'S NAME: _____

DATE: _____

MEDICATIONS : Medication given at school **MUST** have a doctor's order. This includes, but not limited to, daily medications, emergency medications, inhalers)

Medications	Dose	How Often	Reason Given	To be given at school (please check X)	Given at home (please check X)	Doctor's Name

ALLERGIES

My child **DOES NOT** have any allergies.
 My child has allergies (please list allergies & reactions)

ASTHMA

My child **DOES NOT** have asthma.
 My child has asthma.

SEIZURES

My child **DOES NOT** have a seizure disorder.
 My child has a seizure disorder.

Any additional information or medical history that we need to be aware of: _____

Health Insurance Information:

Student's Social Security # _____

- Do you have Husky Medical Insurance or State Insurance Card? Yes No
 If yes, list Client I.D. # _____
 Child's Health Plan: _____ (i.e., HealthNet, Anthem, ConnectiCare)
 Member ID # _____
- If you have private insurance:
 Name of Insurance Co. _____
 Name of Insured _____
 Policy I.D.# _____ Individual Member # _____
- My child does not have insurance: _____

PARENT/GUARDIAN SIGNATURE

DATE

**COOPERATIVE EDUCATIONAL SERVICES
DIVISION OF SPECIAL EDUCATION
PERMISSION FOR MEDICAL DECISIONS AND TREATMENT 2017-2018**

STUDENT'S NAME: _____ **DATE:** _____

The C.E.S. school nurses have permission to use standing orders from an advising doctor, Robert Chessin, MD, when necessary or for emergencies. We provide these services/treatments to help your children, if you are opposed to any of these orders please inform the nurse's office in writing or attach a note to emergency form.

These orders include:

- Oxygen for Respiratory Distress** (trouble breathing)
- Epipen for Anaphylaxis** (life threatening severe allergic reaction)
- Benadryl** for allergic reactions
- Calamine lotion/Caladryl** for allergic rash, insect bites or poison ivy/oak/sumac
- Acetaminophen** (Tylenol) for headache, tooth pain, female menstrual cramps, general pain or fever over 101
- Ibuprofen** (Motrin/Advil) for headache, tooth pain, female menstrual cramps, general pain or fever over 101
- Bacitracin or Neosporin** for cuts, abrasions
- Petroleum Jelly** (Vaseline) for dry, chapped lips
- Band-aids** to cover cuts, burns

In the event of a medical emergency, The Good Samaritan Act allows and protects C.E.S. staff who provide emergency care and first aid from being held liable for civil damages for any personal injury which results from acts or omissions. This immunity does not apply to acts or omissions constituting gross, willful or wanton negligence.

Every attempt will be made to contact the parent/guardian in the event of an emergency situation.

PARENT/GUARDIAN SIGNATURE

DATE