

EMERGENCY TREATMENT FORM

If your son/daughter becomes seriously ill or has an accident while at school, you will be informed immediately by the school authorities. At times, it may happen that parents are not at home. If the school is unable to contact you, we would like your permission to have your son/daughter taken to Bayonne Hospital to be given emergency treatment. Please supply the required information below. This information must be returned to school by your son/daughter on the first day that he/she reports to class.

STUDENT'S NAME: _____

PLEASE CHECK ONE: Freshman () Sophomore () Junior () Senior ()

In case of accident or serious illness, I hereby give my permission for my son/daughter to be taken to Bayonne Hospital and given emergency treatment.

SIGNATURE: _____

ADDRESS: _____

HOME TELEPHONE: _____

CELL PHONE: _____

BUSINESS TELEPHONE: _____

In the event that my son/daughter becomes ill in school and must be sent home and I cannot be located at the about listed numbers, please contact the following person:

NAME OF PERSON: _____

RELATIONSHIP: _____

ADDRESS: _____

CONTACT TELEPHONE : _____

SPECIAL NEEDS FORM

Dear Parents/Guardians:

The Health Office in your child's school keeps a compiled list of each student's special needs or considerations. In order to serve your child to the best of our capabilities, we are asking you to please write down any pertinent information regarding your child's complete health history. A reference list is furnished at the bottom of this page for your convenience.

STUDENT'S NAME _____ GRADE _____

SPECIAL CONSIDERATIONS: (Please specify the date of the onset - when it first occurred)

PARENT'S SIGNATURE _____ DATE _____

REFERENCE LIST

- Allergies (specify to what) Example: Penicillin, food allergies
- Asthma (specify use of inhaler and/or medication)
- Dentures/Caps
- Hearing Deficit
- Epilepsy
- Glasses
- Heart Murmur (specify physical limitations)
- History of Ear Infections
- History of Strep Infections
- History of Urinary Tract Infections
- Nutritional Deficit (over or underweight)
- Sensitivity (specify to what) Example: Play dough, Poster Paint
- Surgery (specify) Example: Tonsillectomy
- Vision Deficit (other than glasses)

If your child should need to take medication in school, such as allergy inhalers, the Special Needs Form has to be filled out by your child's physician. Please see the school nurse.