

Complete Both Sides

Lynn Public Schools  
Emergency/Medical Form  
School Year 2017/2018

ID: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Home Room: \_\_\_\_\_ Shop: (if Applicable) \_\_\_\_\_

**General Information**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Street Address Apt# City State/ Zip Code

Male  Female  Language spoken at home: \_\_\_\_\_ State Ward:  yes  no

**Parent/Guardian**

Name: \_\_\_\_\_  
Last First Relationship

Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address if different from student:  
\_\_\_\_\_

**Parent/Guardian**

Name: \_\_\_\_\_  
Last First Relationship

Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address if different from student:  
\_\_\_\_\_

**Student Sibling(s)**

Name: \_\_\_\_\_ School : \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School : \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

**IF YOU ARE UNAVAILABLE: Emergency Contacts /Permission to Dismiss (must be 18 or over)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

**My Child May Not Be Dismissed To:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Valid Restraining Order  
 Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Yes  No

(If yes, you must attach copy of order)

\*\*\*Parent /Guardian Signature: \_\_\_\_\_

Complete Both Sides

STUDENT NAME: \_\_\_\_\_

**HEALTH HISTORY**

Do you have medical insurance?

Private     Public (E.g., MA Health, Children’s Medical Security)     No insurance

Name of Insurance Provider: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

(Please contact the school nurse if you need assistance applying for medical insurance)

**Medical Information**

Please **CHECK ALL BOXES** that apply to your child. Contact the school nurse for additional confidential medical information.

**ALLERGIES** (food, insects, medications, environment) \_\_\_\_\_ **Epi-Pen?**  YES     NO

Asthma     ADD/ADHD     Autism     Bleeding/clotting problems     Depression

Diabetes     type I     type II     Heart defect/disease     Kidney Disease

**OTHER** \_\_\_\_\_

History of concussion with date(s) \_\_\_\_\_

Convulsions/seizures (date of last seizure): \_\_\_\_\_ Type of seizure disorder: \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Special medical equipment required \_\_\_\_\_

Vision Problems (specify) \_\_\_\_\_ Wears eyeglasses?  YES     NO Wears contacts?  YES     NO

Hearing Problems (specify) \_\_\_\_\_  Left ear     Right ear    Hearing aid ? ?  YES     NO

**Date of last physical exam:** \_\_\_\_\_ **Restrictions (doctor’s note required):** \_\_\_\_\_

(Copy/proof of physical required prior to school entry and in grades K, 4, 7 and 10. Please send to school nurse.)

**Medication(s)** your child is currently receiving:

At home: \_\_\_\_\_

At school: \_\_\_\_\_

**Student’s Doctor/Pediatrician**

**Dental Care Provider**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**DO NOT LEAVE BLANK:    PARENT AUTHORIZATION**

- YES     NO    1. I give permission to the school nurse to disclose pertinent medical information based on his/her nursing assessment and judgment to those school employees involved directly with my child’s care and safety.
- YES     NO    2. I give permission for the school nurse to administer **Tylenol** to my child.
- YES     NO    3. I give permission for the school nurse to administer **Ibuprofen** to my child.
- YES     NO    4. I give permission for the school nurse to apply **Calamine** to my child for minor skin irritations.
- YES     NO    5. I give permission for my child to be transported to the hospital and receive medical attention in the event that I cannot be reached in an emergency
- YES     NO    6. This health history is correct as far as I know, and my child has permission to participate in all activities except as noted by me.

\*\*\*Parent/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_