

Summer School Emergency Procedure/Health Information

Please print all information clearly. Provide telephone numbers including area codes.

Current school: _____ Summer School Site: _____

Student's name: _____ Date of birth: __/__/____
Last name First name Middle initial

Street address: _____

City: _____ Zip code: _____

Home phone: (_____) _____ Work phone: (_____) _____ Cell phone: (_____) _____

Parent/Guardian Name: _____ Student/Family Primary Language: _____

Family Physician: _____ phone: (_____) _____

Summer School Emergency Notification

(List in order of notification. Parent/Guardian will be contacted first unless otherwise specified.)
Major emergencies will be taken to the nearest hospital.

1. _____
Name of person Relationship (area code) day time phone number

2. _____
Name of person Relationship (area code) day time phone number

3. _____
Name of person Relationship (area code) day time phone number

Other procedures desired: _____

Summer School Health Information

(For Health Room use)

List any **health conditions/handicapping conditions**: _____

List any **allergies**: _____

Describe the usual symptoms/reactions or any deviation from the usual reaction: _____

Does your child have any activity restrictions? Yes No If yes, please explain. _____

Will any medication be needed at school? Yes No If yes, a written order from your Doctor is required. Medication forms are available in any school health room.

- Immunization records for children who have not attended school before must be submitted and reviewed by the school nurse/health assistant prior to the child attending summer school.
- The information you provide will be handled in a confidential manner. Information provided on this form will be reviewed and discussed with staff as necessary to maintain your child's safety.
- Information provided on this form must be in compliance with Health Services policy and procedure.

Parent/Guardian Signature: _____ Date: __/__/____

**For office use only: please make a copy of this form, send original to Health Services Office at ARL.
Send copy to the Front Office of student's summer school.**