

MONITEAU SCHOOL DISTRICT
CONFIDENTIAL EMERGENCY HEALTH INFORMATION FORM
2023-2024

Student's Name: _____ Age: _____ D.O.B.: _____ Grade: _____
Address: _____ Home Phone: (____) _____
_____ Email Address: _____

Student Lives With:

Please list name(s) and grade(s) of sibling(s) who attend Moniteau School District:

1) _____ Gr. _____ 2) _____ Gr. _____ 3) _____ Gr. _____

Mother/Guardian's Name: _____ Cell Phone: (____) _____

Place of Employment: _____ Work Phone: (____) _____

Father/Guardian's Name: _____ Cell Phone: (____) _____

Place of Employment: _____ Work Phone: (____) _____

*In case of an illness and the school nurse is unable to reach the contacts listed above, please call the following contacts who will assume responsibility/transportation for my child:

Name: _____ Relationship: _____ Phone #: (____) _____

Name: _____ Relationship: _____ Phone #: (____) _____

**If there is someone your child should not be dismissed to, note here _____

Does your child have health insurance? ___ No ___ Yes

Medical Insurance Carrier: _____ Policy Number: _____

I understand that in a life threatening situation, the school district is required by law to transport my child to the nearest hospital.

Physician's Name: _____ Phone # (____) _____

Dentist's Name: _____ Phone # (____) _____

I give the school nurse permission to give my child the following medication, if needed, during school hours. (Please check) If these are not checked and signed by parent/guardian, the medications will not be administered to your child.

___ Tylenol ___ Ibuprofen ___ Benadryl ___ TUMS ___ Eye Drops ___ Pepto-Bismol

Parent/Guardian's Signature

Date

***** Please turn over and complete the reverse side of this form. *****

