

**South Wasco County  
School District 1**

Code: **JOB-AR**  
Revised/Reviewed: 1/95; 12/11/13  
Orig. Code(s): JOB-AR

**Student Information**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

To Parents/Guardians: It is imperative that you inform the [ ] School staff of the emergency procedures that you would have us follow should an accident or illness which we must care for occur at school. In addition, please know that in case of serious illness or accident when we are unable to reach you or your designee, WE WILL call a doctor and arrange transportation to an emergency medical facility.

**Emergency Procedure:**

Name(s) of Person(s) to Call	Home Telephone Number	Work Telephone Number
1. Guardian	_____	_____
2. Mother	_____	_____
3. Father	_____	_____
4. Grandparents	_____	_____
5. Neighbor/Friend	_____	_____
6. Some other way, please specify	_____	_____

Student lives with: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Full coverage ( ) or Major Medical ( ) (If you have major medical insurance coverage only, the district recommends that you purchase "student insurance" through the district to cover minor injuries.)

**First Choice of Medical Center You Prefer To Have Your Student Sent To If "Common Sense" Geography Allows:**

\_\_\_\_\_ Hospital/Physician \_\_\_\_\_ Phone \_\_\_\_\_

Second Choice: \_\_\_\_\_ Hospital/Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Medical Information:**

Does this student have any known medical problems such as asthma, severe allergies, diabetes, heart problem, epilepsy or any other notable medical/emotional condition which may require special attention?  Yes  No

If YES, please specify and give detailed instructions: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

**Medication:**

Do you give this student "Tylenol" (or another across-the-counter pain reliever) for minor symptoms such as a headache and/or a slightly elevated temperature?  Yes  No

If YES, what product do you administer? \_\_\_\_\_

I hereby give blanket permission for school personnel to administer the above-specified medication in my absence.

\_\_\_\_\_  
Parent's Signature

South Wasco County School District has my permission to provide emergency medical services and I hereby authorize the person(s) in charge to act for me, according to their best judgment, in any emergency. I waive the person(s) in charge, and the district, from any liability and will be responsible for any medical charges in connection with this activity.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date