STRASBURG C-3 EMERGENCY FORM

STUDENT #1_____ GRADE_____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS_____

ALLERGIES_____

CHRONIC ILLNESSES_____

STUDENT'S PHYSICIAN_____ PHONE_____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

If your child has asthma or dietetics the school must have an Individualized Health Care Action Plan filled out by the physician on file.

STUDENT #2_____ GRADE_____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS_____

ALLERGIES_____

CHRONIC ILLNESSES_____

STUDENT'S PHYSICIAN_____ PHONE_____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

If your child has asthma the school must have an Individualized Health Care Action Plan filled out by the physician on file.

STUDENT #3_____ GRADE_____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS_____

ALLERGIES_____

CHRONIC ILLNESSES_____

STUDENT'S PHYSICIAN_____ PHONE_____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

If your child has asthma the school must have an Individualized Health Care Action Plan filled out by the physician on file.

STUDENT #4_____ GRADE_____

IS YOUR CHILD ON PRESCRIPTION MEDICATION REGULARLY? YES NO

IF YOU, LIST MEDICATIONS_____

ALLERGIES_____

CHRONIC ILLNESSES_____

STUDENT'S PHYSICIAN_____ PHONE_____

IF NECESSARY MAY AN AMBULANCE BE CALLED? YES NO

IF HOSPITALIZATION IS REQUIRED, WHICH OF THE TWO NEAREST HOSPITALS DO YOU PREFER? CASS LEE'S SUMMIT

If your child has asthma the school must have an Individualized Health Care Action Plan filled out by the physician on file.

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Parent/Guardian Signature Date

Updated 6-14-12