

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.**

Parent/Guardian Signature
Updated 6-14-12

Date