

Falmouth Public Schools Emergency/Medical Information

****Please help us by completing both sides, signing both sides and returning this form to your child's teacher as soon as possible.**

Student Name: _____ Home Phone: _____
 Residential Address: _____ Gender: (Male/Female/Non-Binary): _____
 Non-binary: does not identify as just a male or female
 Residential City/State/Zip: _____ Grade: _____ Homeroom: _____
 Mailing Address: _____ Date of Birth: _____
 Mailing City/State/Zip: _____ AM Bus: _____ PM Bus _____

Please list all LEGAL Parents/Guardians:

Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Live with student _____ Non-custodial parent _____	Live with student _____ Non-custodial parent _____
Home Phone: _____	Home Phone: _____
Work Place: _____	Work Place: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email address: _____	Email address: _____
Mailing address: _____	Mailing address: _____

If parent/guardian is not available, or in case of emergency, I authorize the Falmouth Public Schools to contact and dismiss my child to:

Emergency Contact Name	Phone #	Relationship
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Please list other children in the Falmouth Public Schools

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Military Family Status-(Please circle only one if applicable)

Is this student one of the following?
 1.) A child of an active duty member of the uniformed services, National Guard and Reserve **on active duty orders**.
 2.) A child of a member or veteran who is medically discharged or retired **for less than one year**.
 3.) A child of a member who died **during active duty**.

Signature of person completing form: _____

ALERT: Check here if there are any contact/dismissal restrictions and describe.

- 1) If this child resides with a legal guardian who is not the parent, a certified copy of the court order appointing the guardian must be attached.
- 2) If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to the child, a certified copy of the court order must be attached.
- 3) If the student is an emancipated minor, a certified copy of the court order must be attached

STUDENT MEDICAL INFORMATION SHEET K-4

Student Name: _____ Cell phone: _____

Primary Physician: _____ Dentist: _____

Private Health Insurance: Circle one YES NO TYPE/PLAN: _____

Are you on Mass Health? Circle one YES NO PLAN: _____

List All Medications: _____

Date of last physical exam: _____

Activity restrictions: _____

Any other pertinent information: _____

Please check all that apply:		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing aids/tubes
<input type="checkbox"/> Bowel/Stomach problems	<input type="checkbox"/> Depression	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Kidney/Urinary Disorder
<input type="checkbox"/> Glasses/contacts	<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Braces
<input type="checkbox"/> Allergies to medications	<input type="checkbox"/> Allergies (food, animal, environmental)	<input type="checkbox"/> Headaches: Migraines <input type="checkbox"/> Other
Other:		

My child has permission to use hand sanitizer under adult supervision during the school day.

Yes ___ No ___

If the Principal or Nurse believes my child is in need of prompt medical treatment, I authorize their transport to Falmouth Hospital. I give permission to the school nurse to share information relevant to my child's health with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature

Date

Please update the School Nurse if your child is hospitalized at any time during this school year or if there are changes in medical information.