Falmouth Public Schools
Emergency/Medical Information

****Please complete both sides, sign both sides and return this form to your child's teacher as soon as possible. Thank you!**

Student Name: _____ **Home Phone:** _____

Residential Address: _____ **Gender (Male/Female/Non-binary):** _____
Non-binary (does not identify as 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?[Y/N]____Non-custodial parent?[Y/N] ____ **Live with student?[Y/N]____Non-custodial parent?[Y/N] ____**

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 different) **(If different)**

_____ _____

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

Emergency Contact Name	**Phone #**	**Relationship**
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list other children in the Falmouth Public Schools

Name	School	Grade
_____		
_____		
_____		

<u>Military Family Status</u> - (Please check 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:_____**Date:**_____

<u>ALERT:</u> 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 Grades K-4

Student Name:_____ Cell phone: _____

Primary Physician:_____ Dentist: _____

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

Other Health Insurance: _____

List All Medications: _____

Date of last physical exam: _____

Activity restrictions: _____

_____

Any other pertinent information: _____

_____

Health Problems: check all that apply		
☐ ADD/ADHD	☐ Asthma	☐ Hearing aids/tubes
☐ Bowel/Stomach problems	☐ Depression	☐ Sinus problems
☐ Diabetes	☐ Eczema	☐ Heart Condition
☐ Lyme Disease	☐ Seizure Disorder	☐ Kidney/Urinary Disorder
☐ Glasses/contacts	☐ Menstrual problems	☐ Braces
☐ Allergies to medications	☐ Allergies (food, animal, environmental)	☐ Headaches: Migraines ☐ Other
Other:		

If the Principal or Nurse believes my child is in need of prompt medical treatment, I authorize his/her 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.