



Kenosha Unified
School District

Summer School Emergency/Health Information

Student Last Name

Student First Name

Student Date of Birth

Doctor Name

Doctor Phone

Emergency Contacts

Name

Date of Birth

Address

Home Phone

Cell Phone

Work Phone

Relationship to Student

Name

Date of Birth

Address

Home Phone

Cell Phone

Work Phone

Relationship to Student

Name

Date of Birth

Address

Home Phone

Cell Phone

Work Phone

Relationship to Student

Confidential Health Information

- My child has no known health problems
 My child has the following health problems

Condition	Comments and Instructions

MEDICATION (List names of all medications child takes, doses and times given):

Each medication given at school requires written parental consent. Each prescription medication requires a physician's written order and written parental consent. Additional medications can be added on a separate piece of paper. Medication forms may be obtained from the school office.

***Please Print Clearly**

<u>MEDICATION</u> (Name)	<u>DOSAGE</u>	<u>WHERE ADMINISTERED</u> (Home, School, Both)	<u>TYPE OF MEDICATION</u> (Daily, Emergency, As needed)	<u>COMMENTS</u>

I do I do not give permission for the principal or his/her designee to contact any of the emergency contacts I have provided if my child becomes ill at school and you cannot reach me by phone.

I do I do not give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. (All expenses charged by the hospital are the responsibility of the Parent/Guardian.)

I certify to the best of my knowledge that all information on this form is correct and that I have read the above notices.

Signature: _____

Date: ____ / ____ / ____

Print Name: _____