

# **Harmony Township School**

## **Emergency Contact Form 2009 - 2010**

**Please complete the form below, and return promptly to school.**

Pupil's  
name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name  
\_\_\_\_\_

In case of emergency, illness or accident to the above named child or children, the school is authorized to proceed as indicated below. Please number each item 1,2,3,etc. in order of desired action.

( ) Contact mother at \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

( ) Contact father at \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

( ) Contact relative/friend \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

( ) Contact relative/friend \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

( ) Contact family  
doctor \_\_\_\_\_ Phone \_\_\_\_\_

**THERE HAVE BEEN TIMES WHEN THE SCHOOL HAS BEEN UNABLE TO CONTACT EITHER PARENT. FOR THIS REASON, IT IS IMPERATIVE TO LIST OTHER CONTACTS WITH NAMES AND PHONE NUMBERS.**

**PLEASE NOTIFY SCHOOL AT ONCE OF ANY CHANGES.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Harmony Township School Health History/ Update

Has your child had any of the following? (Give Details)

Asthma \_\_\_\_\_

Hyperactivity \_\_\_\_\_

Allergy(be specific) \_\_\_\_\_

Heart Condition \_\_\_\_\_

Bee Sting Reaction \_\_\_\_\_  
(What happens? Medication needed? What?)

Vision Problems (near/far) \_\_\_\_\_  
(glasses/contacts)

Seizure Disorder \_\_\_\_\_

Hearing Problems \_\_\_\_\_

Recurring Illness \_\_\_\_\_

Head Injury \_\_\_\_\_

Operations (What?) \_\_\_\_\_

Speech Problems \_\_\_\_\_

Bleeding Tendency \_\_\_\_\_

Developmental Concerns \_\_\_\_\_

Broken Bones(what) \_\_\_\_\_

Serious Illness/Accidents \_\_\_\_\_

Diabetes \_\_\_\_\_

Emotional Problems \_\_\_\_\_

Other \_\_\_\_\_

Is your child presently under medical treatment? No Yes If so why? \_\_\_\_\_

Is your child taking regular medication? No Yes If so why? \_\_\_\_\_

Is your child covered by Health Care Insurance? \_\_\_\_\_

Please list any other health concerns you have for your child.

Please be aware that the information on this form is required for the Health Office. As this information is confidential, it will reside only in the health office and with the Chief School Administrator. It will be shared with appropriate school personnel "on a need to know basis."

In the event of a health emergency and I cannot be reached immediately by telephone, I hereby give my permission for school authorities to call a doctor and/or send my child to a hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_