

MEDICAL EMERGENCY NOTIFICATIONS/ADULTS AUTHORIZED TO REMOVE STUDENT FROM SCHOOL
 ONLY FIRST AID CARE AND PARENT NOTIFICATION ARE PROVIDED AT THE SCHOOL SITE. PLEASE LIST THREE PEOPLE WHO CAN PICK UP OR
 EXCUSE YOUR CHILD AND PROVIDE TRANSPORTATION IF YOU (PARENT/GUARDIAN) CANNOT BE REACHED BY PHONE.

1ST CHOICE FULL NAME/RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER
2ND CHOICE FULL NAME/RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER
3RD CHOICE FULL NAME/RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER

FOR YOUR CHILD'S SAFETY, OPMS WILL NOT RELEASE HIM/HER TO ANYONE NOT LISTED ON THIS FORM. WE WILL REQUEST A CURRENT PICTURE ID BEFORE A STUDENT IS RELEASED.

HEALTH INFORMATION

*******PLEASE CALL THE HEALTH OFFICE IF YOUR CHILD HAS A CURRENT HEALTH CARE PROBLEM*******

ARE THERE ANY PROBLEMS OR ACTIVITY LIMITATIONS? _____

VISION DIFFICULTY? _____ WEARS GLASSES/CONTACTS? _____ FULL TIME _____ PART TIME _____ DATE LAST CHANGED _____

HEARING DIFFICULTY? _____ EAR INFECTIONS? _____ SPEECH PROBLEMS? _____

ALLERGIES? _____ WHAT TYPE? _____

ASTHMA? _____ SEVERE? _____ IS MEDICATION NEEDED AT SCHOOL? _____

DIABETIC? _____ IS TESTING AND MEDICATION NEEDED AT SCHOOL? _____ HOW OFTEN? _____

BEE STING SENSITIVITY? _____ SEVERE? _____ IS MEDICATION REQUIRED AT SCHOOL? _____

SEIZURE DISORDER? _____ HEART DISEASE? _____ TUBERCULOSIS? _____ RHEUMATIC FEVER? _____

ANY OTHER HEALTH PROBLEMS? _____

DATE AND TYPE OF ANY OPERATIONS? _____

REQUESTS OR COMMENTS: _____

UNDER EDUCATION CODE 49407, NO SCHOOL DISTRICT SHALL BE HELD LIABLE FOR THE REASONABLE TREATMENT OF A STUDENT WITHOUT THE CONSENT OF THE PARENT/GUARDIAN WHEN THE STUDENT IS ILL OR INJURED AND REQUIRES REASONABLE MEDICAL TREATMENT AND THE PARENT/GUARDIAN CANNOT BE REACHED, UNLESS A WRITTEN OBJECTION TO MEDICAL TREATMENT HAS BEEN FILED WITH THE SCHOOL DISTRICT. WHEN DEEMED NECESSARY, I AUTHORIZE SCHOOL DISTRICT PERSONNEL TO SECURE EMERGENCY SERVICES (MEDICAL, DENTAL, PARAMEDIC, AMBULANCE) FOR MY CHILD AT MY EXPENSE AND TO RELEASE ANY PERTINENT MEDICAL INFORMATION.

✍ Parent/Guardian Signature _____ ✍ Parent/Guardian Signature _____ Date _____

NAME OF CHILD'S PHYSICIAN AND ADDRESS _____ PHONE NUMBER _____

INSURANCE COMPANY _____ POLICY NUMBER _____

DENTIST NAME _____ PHONE NUMBER _____

IF ANY OF THE INFORMATION ON THIS FORM CHANGES, NOTIFY THE SCHOOL IMMEDIATELY. THANK YOU!