

NORTHGATE SCHOOL DISTRICT EMERGENCY RECORD for Accident or Illness

Student Name _____ Birthdate _____ Grade _____
Last First Middle

Father/Guardian _____ Employer _____

Address: _____

Home Phone No. _____ Work Phone No. _____

Mother/Guardian _____ Employer _____

Address: _____

Home Phone No. _____ Work phone No. _____

Other Parent/Guardian No. (cell phone, pager) _____

Student lives with: Both Parents ___ Mother ___ Father ___ Guardian ___

Please list brothers/sisters attending Northgate School District:

Name	Grade	Brother	Sister

Please list two other friends or relatives that can be contacted for permission to send your child home in case of minor illness when neither parent can be contacted. The Northgate School District is not responsible for transportation.

Name _____ Name _____

Relationship _____ Relationship _____

Home phone No. _____ Home Phone No. _____

Work Phone No. _____ Work Phone No. _____

MEDICATION PERMISSION/MEDICAL AUTHORIZATION

My child has my permission to receive the following medications as needed during school at the discretion of the school nurse:

- Tylenol (Acetaminophen)
- Antacid (Tums, Rolaids)
- Advil (Ibuprofen)

If neither parent/guardian can be contacted in the case of serious illness or injury, I hereby authorize representatives of Northgate School District to act as my agent to secure emergency medical treatment for this child at Suburban General Hospital when such emergency medical treatment is deemed necessary by appropriate school representatives when my child is attending, going to, or leaving school. I hereby agree to hold the Northgate School district and its representatives harmless for exercising its judgement in authorizing such emergency hospital treatment and said representatives are specifically authorized to sign any required emergency treatment forms on my behalf. I also agree to assume responsibility for any charges incurred as a result of such treatment.

Parent/Guardian Signature

Date

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**HEALTH OFFICE USE ONLY
CONFIDENTIAL**

All information given to the School Nurse is considered *CONFIDENTIAL* and will only be shared with other school personnel with permission. Please sign below for permission.

I give the School Nurse permission to share any necessary information with the appropriate teachers/staff at Northgate Middle/Senior High School.

Parent Signature _____

Date _____

STUDENT HEALTH HISTORY

Please list any current health problems for which your child is being treated:

Please list ALL medications your child is taking (at home or school):

Please list any allergies:

Please list any Previous Illnesses/Injuries/Surgeries:

Name of Family Physician _____ Phone No. _____

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