



NSSED Emergency / Health Card for School & Transportation Use

2012-13 School Year

Full Student Name: Student Date of Birth:

Student Address:

Student Home Phone: Language(s) Other than English Spoken at Home:

District of Residence: School of Attendance:

Father's Full Name: Mother's Full Name:

Father's Home Phone: Mother's Home Phone:

Father's Work Phone: Mother's Work Phone:

Father's Cell Phone: Mother's Cell Phone:

Father's Email Address: Mother's Email Address:

Father's Home Address (if different from above): Mother's Home Address (if different from above):

What is your preferred method of communication (email, home phone, cell phone, etc.)?

Emergency Contact Information (if parents cannot be reached):

Contact 1 Full Name: Relationship to Student:

Contact 1 Address:

Contact 1 Home Phone: Contact 1 Cell Phone: Contact 1 Work Phone:

Contact 2 Full Name: Relationship to Student:

Contact 2 Address:

Contact 2 Home Phone: Contact 2 Cell Phone: Contact 2 Work Phone:

Student's Primary Care Physician's Name: Physician's Phone:

Student Medications:

(Continued on other side)

(Emergency Contact Information, continued)

Student Medications:

Student Allergies (please list all):

Does the Student Carry an Epi-Pen? Yes No

Does the Student Have Seizures? Yes No If so, of what type, length and frequency are the seizures?

Is the student verbal or non-verbal? Yes No

Please List any Health Problems of which a Bus Driver should be Made Aware:

Please attach any medical protocol needed and explain when and how this protocol should be followed.

Behavioral, Physical and Transportation Considerations

Are there any Behavioral Concerns Pertinent for a Bus Driver to Know (preferential seating, an approach that will not escalate to violence, etc.)?

Student's Height: Student's Weight: Vision Impairment? Yes No

Hearing Impairment? Yes No Supplementary Aids (glasses, contacts, hearing aids, lap tray)?

Does the Student need any Special Transportation Equipment?

Please Indicate any Special Transportation Concerns you may have for your Child:

Authorizations

Information may be shared with appropriate personnel for health and educational purposes.

I authorize the school to administer First Aid to my child. In an emergency situation, if I or my emergency contacts cannot be reached, I authorize the school to take such emergency measures as are necessary, including having the police/fire department transport my child to the nearest hospital. I agree to assume all responsibilities and expenses incurred.

Parent / Guardian Signature: Date:

Submit

If you have any troubles submitting this form upon completion, please save it to your computer and then email it as an attachment to: forms@nssed.org. This form can also be printed out and submitted by hand.

Please notify NCSSED Health Services of any changes in phone numbers or other emergency information.