



EMERGENCY SOS FORM

2018 -2019 SCHOOL YEAR

Please fill out one form per child, even if all categories are "not applicable."

Allergy Action Plan, Inhaler Authorization, and Medication Authorization forms are required if applicable in order for children to receive medication at school, including over-the-counter medicine. All health forms are at <http://hrs-ken.org/content/student-health-forms> or TADS.

Child's Name _____ **Grade** _____

MEDICAL CONDITIONS (including asthma, diabetes, heart murmurs, hearing/speech deficits, seizures, etc.)

ALLERGIES (food, drug, or environmental)

MEDICATIONS (includes prescription or over-the-counter, whether given at home or school)

Parent/Guardian Signature _____ Date _____

This information helps us provide the best possible care for your child. Minor injuries during school will be treated by the nurse. Parents will be contacted for more serious injuries. If a child requires immediate medical attention, the school will call 911. We will make every effort to contact parents before the child is taken to the hospital. Thank you for your help!

Nancy Ridgway, RN (Mon, Fri)

Patty Winters, RN (Tue, Wed, Thu)