



EMERGENCY S.O.S. FORM 2017-2018 SCHOOL YEAR

Please fill out one (1) form per child.

Child's Name _____ Grade (2017-2018) _____

We ask for this information in order to provide the best possible care for your child while at school, on field trips and in aftercare. Minor injuries at 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 to take the child to the nearest hospital. We will make every effort to contact parents before the child is taken to the hospital, but in a matter of life and death, we will not wait until the parent has been reached.

Medical Conditions (including ADD/ADHD, asthma, diabetes, heart murmurs, hearing/speech deficits, seizures, significant procedures, etc.)

Allergies (food, drug & environmental)

Medications (including both those given at school and those given only at home)

Students who may need **prescribed and/or over-the-counter medications at school must have **additional paperwork** filled out by both the parents and pediatrician before the nurse can administer to your child. These forms can be printed from <http://hrs-ken.org/content/student-health-forms>.**

Parent's Signature

Date