

EMERGENCY INFORMATION AUTHORIZATION CARD
Nassau BOCES Health and Allied Services

(last) _____ (first) _____ Date of Birth _____ Age _____ Sex _____

Address _____ Phone _____

Home school district _____ Teacher _____

	Mother/Person in Parental Relationship	Father/ Person in Parental Relationship
Name		
Home Address		
Home Phone		
Cell/Beeper Phone		
Work Phone		
Place of Employment		
Address		

If my child has to be taken home because of an illness or injury and I cannot be reached, please call:

Name	Address	Relationship	Phone # (home, cell, office)	Alternate Phone #

Date _____ Parent's Signature _____ **OVER →**

In an emergency when you cannot reach either parent, I authorize the school to call:

(Physician's Name)	(Address)	(Phone)

HEALTH SURVEY

- When was the student's last physical examination? (month/year): _____
- Has the student had any other physician evaluations/examinations since September 1st last year? (ENT, Ophthalmologist, Psychiatrist, etc.) No Yes
If YES, specify _____
- Has the student had any immunizations, including tetanus injection, since September 1 last year? No Yes
If YES, specify _____
- Has the student had any illnesses, serious injuries, operations or communicable diseases since September 1 last year? No Yes
If YES, specify with dates _____
- Does the student have any medical conditions that the school should be aware of? (heart conditions, seizures/seizure disorder, asthma, diabetes, liver or kidney conditions, etc.) No Yes
If YES, specify _____
- Does the student have allergies? No Yes
If YES, specify _____
- Does the student take any medication on a regular basis (excluding vitamins)? No Yes
If YES, specify _____
- Additional Comments** _____

Date _____ Parent's Signature _____