

CENTRAL BUCKS SCHOOL DISTRICT - EMERGENCY INFORMATION
Please Print

Grade _____ Room _____ Date _____

Student's Name _____
Last First

Date of Birth _____ Male Female
Month Day Year

Student's Address _____ Home Phone _____
Zip _____

Father's Name _____ Mother's Name _____

Cell Phone / Beeper _____ Cell Phone / Beeper _____

e-mail Address _____ e-mail Address _____

Person with whom student lives if other than parent _____

Please note any special information (i.e. custody, permanent childcare arrangements, and name of caregiver.)

Please include phone numbers _____

EMPLOYMENT

FATHER
Employer _____
Phone _____
Cell Phone / Beeper _____

MOTHER
Employer _____
Phone _____
Cell Phone / Beeper _____

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Local persons to be called in case of accident or illness if you cannot be reached. (in order of preference).

Please do not put parents' numbers here

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Please note any special health concerns such as allergy to any medication, insect bites, food allergies, convulsions, etc.

Please list daily medications your child takes at home _____

The school nurses have standing orders from the school district doctor to administer acetaminophen (generic Tylenol), ibuprofen (generic Advil / Motrin), or as deemed necessary by a nurse and with parent consent. Please sign below if you consent to have your child medicated in school.

My child may receive acetaminophen according to the standing orders _____
Parent signature required

My child may receive ibuprofen according to the standing orders _____
Parent signature required

If your child becomes ill or injured at school, it is the responsibility of the parents to provide transportation home. In case of extreme emergency, when parents cannot be contacted, I give school authorities permission to take whatever action deemed necessary for the health of my child.

Parent / Guardian Signature _____