

**BREWSTER CENTRAL SCHOOL DISTRICT
HEALTH SERVICES EMERGENCY FORM**

SCHOOL YEAR _____

Dear Parent/Guardian:

It is important to update your contact numbers and medical information yearly.

Please take a moment to provide us with the following information:

Student Name _____ **D.O.B** _____ **Grade** _____

Address _____

(Please circle)

Name/numbers below:

Name of Mother or Guardian	
Home phone number	
Work phone number	
Cell phone number	
(Please circle)	Name/numbers below:
Name of Father or Guardian	
Home phone number	
Work phone number	
Cell phone number	

Medication – _____

Condition that medication is taken for: _____

Medical Information- _____

Asthma...Yes/No Uses Inhaler...Yes/No

Allergies _____

(Please circle)	Name/numbers below:
Name of Relative or Friend	
Home phone number	
Work phone number	
Cell phone number	
(Please circle)	Name/numbers below:
Name of Relative or Friend	
Home phone number	
Work phone number	
Cell phone number	

STUDENT EMERGENCY CARE

In case of illness or injury, the school personnel is legally responsible for first aid only. It is the school policy to notify parents when home care or immediate medical care is indicated. Frequently, parents cannot be reached. Please assist us in giving your child proper care by supplying the information requested below.

Physician- Name/phone number- _____ **Dentist- Name/phone number-** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

IF A SINGLE PARENT, PLEASE COMPLETE INFORMATION BELOW:

Student resides with _____ **Sole custody** _____ **Joint custody** _____

Name of other parent _____

Other parent may pick up child without a note. Please check -- YES _____ OR NO _____