

**EMERGENCY INFORMATION (PLEASE PRINT CLEARLY) GRADE \_\_\_\_\_ D.O.B. \_\_\_\_\_**

Student's Name \_\_\_\_\_ Allergies/Medical Conditions Y / N

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Numbers (Student) \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Tel # \_\_\_\_\_ Bus. Tel # \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Tel # \_\_\_\_\_ Bus. Tel # \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents' Email (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Student's Email \_\_\_\_\_

Please Indicate Which Parent Is To Be Called First \_\_\_\_\_

Please list a person who can be reached in the event of an emergency if either parent cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Tel # \_\_\_\_\_

**PLEASE LIST ALL ALLERGIES AND/OR MEDICAL CONDITIONS THAT WOULD BE IMPORTANT TO KNOW.**

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All medications, whether over the counter or prescription, must be stored in the school's front office.

**Over the Counter Medication**

Ecole Classique supplies only the following over the counter medication. Please provide a signature and date for each medication you allow office staff to apply or administer to your child.

Antacid \_\_\_\_\_

70% Isopropyl Rubbing Alcohol \_\_\_\_\_

Acetaminophen \_\_\_\_\_

Meat Tenderizer (bug stings) \_\_\_\_\_

Ibuprofen \_\_\_\_\_

Hydrocortisone Cream \_\_\_\_\_

Hydrogen Peroxide \_\_\_\_\_

First Aid Antibiotic Cream \_\_\_\_\_

No other over the counter medication will be supplied or administered to your child unless medication is brought from home with written approval. This includes cough medicine.

I authorize Ecole Classique personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name (please sign) \_\_\_\_\_ Date: \_\_\_\_\_