

**2017-2018
BALLARD R-II SCHOOL
EMERGENCY PROCEDURE FORM
(816)-297-2656**

Student: _____ **Grade:** _____ **DOB:** _____
(Last) (First) (Middle)

Address: _____ **Home phone:** _____
(Street Address) (City)

Father's Information:

Name: _____

Address: _____
(If different than the students)

Work place: _____

Work phone: _____

Cell phone: _____

Email address: _____

Mother's Information:

Name: _____

Address: _____
(If different than the students)

Work place: _____

Work phone: _____

Cell phone: _____

Student lives with: (circle) Father & Mother Father Mother Guardian

In case of an emergency, please list two local contacts other than parent:

Primary: _____ **Phone:** _____

Relation to Student: _____

Secondary: _____ **Phone:** _____

Relation to Student: _____

Local Doctor to contact in case of an emergency:

Name: _____ **Phone:** _____

Local Dentist to contact in case of an emergency:

Name: _____ **Phone:** _____

CONTINUED ON THE BACK

Has your child had a physical exam in the past 24 months? Yes No

Has your Child had a dental exam in the past 12 months? Yes No

Regular source of primary care: (check one)

Health Center___ Physician's Clinic___ School Nurse___ Emergency Room___ Hospital Out-patient___

Your child is covered by what type of insurance? (check one)

Private___ Medicaid/Healthnet___ No Insurance___

Does your child have any drug or other allergies? Please list:

Please list any special health care problems your child may have (such as Diabetes, Asthma, ADHD, Depression, etc:

I give my permission for my child to receive (check all that apply)

- Basic First Aid
- Tylenol
- Ibuprofen
- Cough drops
- Tums

Your child will not receive any Tylenol/Ibuprofen/Tums until after 11am per school policy-this is strictly enforced. If you student brings medicine to school, it should immediately upon arriving at school, be taken to the nurse or school secretary with instruction attached. Prescription drugs must be in original bottle with information on container, complete with doctor and pharmacy name.

Parent/Guardian Signature

Date

If emergency treatment is required, Ballard R-II School will attempt to contact parents immediately. In an extreme emergency situation when the parents cannot be reached, school authorities will take your child to Bates county Memorial Hospital (Emergency Room Entrance) for treatment.

Further parental instructions: _____

I give permission for my child to receive basic first aid treatment. I hereby grant permission for Ballard R-II School District to seek Emergency Medical Treatment for my child. I understand that the school will not be responsible for any costs incurred for such treatment.

Parent/Guardian Signature

Date