

2018-2019 STEP ACADEMY EMERGENCY INFORMATION CARD

(Legal Name) Student _____ Last First MI Home Address _____ Street City Zip Home Phone (____) _____ Student Resides With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian/Other: _____ <input type="checkbox"/> Permanent Residence <input type="checkbox"/> New Move Date: _____ Brother/Sister Age Grade STEP Student? _____ _____ _____ _____	Birthdate _____ Grade _____ Gender _____	Bus #: _____ Locker #: _____
	Health Concerns: _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Epi-Pen Medications: _____ Clinic _____ Physician _____ Phone (____) _____ Fax (____) _____ Insurance Name _____ Policy Number _____	
Parent/Guardian 1 _____ Place of Employment _____ Day Phone (____) _____ EXT _____ Cell Phone (____) _____		
Emergency Contact 1 _____ Relationship to Student _____ Address _____ Phone(s) (____) _____ (____) _____		
Parent/Guardian 2 _____ Place of Employment _____ Day Phone (____) _____ EXT _____ Cell Phone (____) _____		
Emergency Contact 2 _____ Relationship to Student _____ Address _____ Phone(s) (____) _____ (____) _____		
Transportation <input type="checkbox"/> Home <input type="checkbox"/> Daycare <input type="checkbox"/> Relative/Friend If not home: Name _____ Address _____ Phone(s) (____) _____ (____) _____		

STEP ACADEMY EMERGENCY CARE INFORMATION

To Parents and Guardians:

1. In case of illness or injury, our procedures will be to contact the parent at home or work. You will be asked to pick up your child and provide proper care.
2. If we cannot reach you, we will call the Emergency Contacts listed on this card and ask them to pick up your child and care for them.
3. In case of a major medical emergency, 911 will be called for an ambulance to transport your child to the nearest hospital. Parents/Guardians will be notified as soon as possible. The cost of this ambulance service, if they deem it necessary to transport your child, will be covered by the parent. The Health Office will give the ambulance attendant information from this Emergency Card. It is especially important to include any Health Condition and Medications taken that may affect medical treatment.

STEP ACADEMY MEDICATION POLICY

Parents/Guardians of students requesting that medication (either prescription or over-the-counter) be administered during school hours by school personnel are required to provide the school:

1. A written parental consent for the administration of the medication, **and**
2. A signed order from the licensed prescriber, **and**
3. Medication in the original container or pharmacy-labeled container

CONFIDENTIAL INFORMATION

Health and emergency information on the front of this card may be shared with appropriate school personnel to meet your child's health and educational needs in school.