

School _____
Homeroom Teacher _____

STUDENT EMERGENCY FORM

Name of Student _____ Date of Birth _____ Boy Girl

Does this student have private health insurance? Yes No Medicaid? Yes No ID# _____

Parent/Guardian _____ Home Phone # _____ Cell Phone # _____

Address _____

Father _____ Work Phone # _____

Mother _____ Work Phone # _____

Emergency Contact #1 _____ Day Phone # _____ Cell Phone # _____

Emergency Contact #2 _____ Day Phone # _____ Cell Phone # _____

Doctor's Name _____ Date of Last Physical _____

Dentist's Name _____ Date of Last Exam _____

Hospital Preference _____ Phone # _____

In case of a medical emergency, injury, or serious illness, I hereby authorize school personnel to take or send my child to the family physician or hospital: Yes No

Does your child have a condition which might require emergency care at school? Yes _____ No _____
(1) If yes, please state the condition, including allergies _____; (2) Please contact the school for a medical alert form; (3) Have the form filled out by the student's physician and return to school.

Daily medication at home? Yes No At school? Yes No

Name of medication and reason for taking, include inhalers and EpiPens if applicable: _____

If student requires medication at school, please obtain the appropriate form in the school office.

List serious illness, injuries, or surgeries: _____

EYES: Glasses: Reading Distance Contacts Difficulty Seeing Crossed Lazy Eye
EARS: Frequent Infections Tubes Other _____
 Hearing Aid Right Left Wear at School
 Hearing Difficulty; Explain: _____

Special Education or Services: LD Speech/Language OT/PT Counselor BED
 EMD Special Diet OHI 504 Other _____
 Requires Special Health Care; explain: _____

Signature of Legal Parent/Guardian

Date

IT IS THE PARENTS' RESPONSIBILITY TO KEEP THE SCHOOL INFORMED OF ANY CHANGES IN THE ABOVE INFORMATION.

School _____
Homeroom Teacher _____

NTAWV TEEV TXOG MENYUAM KAWMNTAWV THAUM MUAJ XWM TSEEMCEEV

Menyuam Kawmntawv Npe _____ Hnubyug _____ Tub Ntxhais

Tus menyuam kawm puas muaj ntawv kuaj mob (insurance)? Muaj Tsis Muaj Ntawv kuaj mob Medicaid?

Muaj Tsis Muaj Tus Leb ID# _____

Niamtxiv/Tus Saibxyuas Npe _____ Xovtooj Hauv Tsev # _____ Ntawm Tes # _____

Chaw Nyob _____

Leejtxiv Npe _____ Haujlwm Xovtooj # _____

Leejniam Npe _____ Haujlwm Xovtooj # _____

Tus Txheeb Ze Npe #1 _____ Xovtooj # _____ Ntawm Tes # _____

Tus Txheeb Ze Npe #2 _____ Xovtooj # _____ Ntawm Tes # _____

Tus Kws Kuaj Mob Npe _____ Hnub Kawg Tau Mus Kuaj _____

Tus Kws Kuaj Hniav _____ Hnub Kawg Tau Mus Kuaj _____

Chaw Kho Mob Tso Mus _____ Xovtooj # _____

Yog raug mob, muaj yam kub ntxhov ceev, lov testaw lossis muaj mob tamsim ceev heev, kuv tso cai rau tsev qhia ntawv cov kws ua haujlwm koj losyog xa kuv tus menyuam mus cuag peb tsev neeg tus kws kuaj mob losyog hoosmaum: Tso cai Tsis tso cia

Koj tus menyuam puas muaj ib tug mob twg uas tsev qhia ntawv yuav tsum paub txog thiaj cawm tau txojtia? Muaj _____
Tsis Muaj _____ (1) Yog muaj, thov qhia tus mob losyog tej yam noj phiv _____;
(2) Thov hu rau tsev qhia ntawv tuaj nqa daim ntawv teev txog muaj mob; (3) Muab daim ntawv rau tus kws kuaj mob teev qhia es muab rov tuaj rau tsev kawm ntawv.

Puas noj tshuaj txhua hnub hauv tsev? Noj Tsis Noj Hauv Tsev Qhia Ntawv? Noj Tsis Noj

Sau yam tshuaj noj thiab qhia yog vim licas ho noj cov tshuaj, qhia yog siv yam tshuaj nqus pas (Inhalers) thiab EpiPens yog siv: _____

Yog hais tias tus menyuam yuav tsum noj tshuaj hauv tsev qhia ntawv, thov tuaj nqa daim ntawv hauv tsev qhia ntawv mus teev qhia tuaj.

Teev yam mob loj, raug mob lov testaw, losyog raug phais qhov twg: _____

QHOV MUAG: Coj iav: Nyeem ntawv Ntsia deb POB NTSEG: Mob pob ntseg Rau pas yas rau raj ntseg Lwm yam _____
 Yas plooj qhov muag (contacts) Tsis pom kev zoo Coj lub hnov lus Sab xis Sab laug Coj tau kawmntawv
 Lajmuam Qhov muag qi khuav Tsis hnov lus zoo; Thov qhia: _____

Kawm Tshwjxeeb lossis Tau Kev Pab: Kawm tau ib nyuag qeeb (LD) Kawm muab suab/hais lus (Speech/Language)
 Kawm ua haujlwm/ua kom testaw muaj zog (OT/PT) Ntsib kws pab tswvyim BED EMD
 Noj zaub mov txawv OHI 504 Lwm Yam _____
 Yuav tsum tau pab vim muaj mob; Thov qhia: _____

Niamtxiv/Tus Saibxyuas Suam Npe

Hnub Tim

**YOG NIAMTXIV LUB LUAG HAUJLWM UAS YUAV TSUM QHIA RAU TSEV KAWM
NTAWV PAUB YOG MUAJ YAM DABTSI PAUV NTAWM IB TUG TUB/NTXHAIK KAWM.**