

MARLBORO ACADEMY
STUDENT MEDICAL EMERGENCY INFORMATION
2024-2025

It is the parent's responsibility to keep all information current throughout the school year.

Student's Name: _____ Grade _____

Date of Birth: _____ Primary Email: _____

Please indicate the order of preference you wish the school to contact:

Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student Insurance Verification

Name of Health Insurer: _____

Student's Physician & Phone Number: _____ Policy # _____

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

I, _____ the parent or guardian of _____

recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

Please make the following notation on my child's records:

- Allergies to medications/foods/latex/insect stings & bites/other:

- Chronic conditions (indicate medication & condition):

- Relevant medical information (e.g., contact lens wearer, seizures, heart conditions, asthma, surgeries):

I give the school permission to share this information to protect the health or safety of my child or others.

Signature of Parent or Legal Guardian

Date

- | | | |
|---|-----------|----------|
| ❖ May Tylenol be given during the school day? | Yes _____ | No _____ |
| ❖ May Ibuprofen be given during the school day? | Yes _____ | No _____ |

