



FRANKFORD FRIENDS SCHOOL

Parent/Guardian Emergency Contact Form

Child's Name: _____ Date of Birth: _____ Grade: _____

Health Insurance Carrier (please write on line above) Policy # _____ Exp. Date _____

Parent/Guardian 1: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email: _____

Parent/Guardian 2: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email: _____

Emergency Contact #1: _____

(other than parent or guardian)

Relationship: _____ Phone Number: _____

Emergency Contact #2: _____

(other than parent or guardian)

Relationship: _____ Phone Number: _____

Medical Conditions

Please list below any regular medications your child takes and any serious medical conditions that could inhibit activity in regular school activities, including physical education classes.

Does your child have any allergies? YES NO

Please list any allergies and your child's reaction below:

Allergy	Reaction and Treatment

Please Note: Parents/Guardians are responsible for providing updated health and emergency contact information to the school.

Does your child use an epi-pen or other epinephrine injector? YES NO

Does your child use an asthma inhaler? YES NO

If your child uses an asthma inhaler, is s/he qualified and able to self-administer? YES NO

Acknowledgment of Policies for Dispensing Prescription Medications

I have read and acknowledge Frankford Friends School’s policies on prescription medications and asthma inhalers. I understand that to dispense prescription medications, Frankford Friends School requires the “Request for Administration of Medication, Treatments, or Use of Equipment” to be completed and signed by both the parent and the health professional. Frankford Friends School and the school’s employees are held harmless of any responsibility for the benefits or consequences of the prescribed medication and the school bears no responsibility for ensuring that the medication is taken.

Parent’s/Guardian’s signature

Date

Acknowledgment of Policies for a Life-threatening Situation or Medical Emergency

In the event of a life-threatening situation or what the school deems to be a medical emergency, I understand the school will call 911 and request an ambulance or police transport to a hospital, the location of which is at the discretion of the EMTs, for emergency treatment. I further understand the school will make every effort to contact me directly before transport. If the situation is not life-threatening or what the school deems to be a medical emergency, but other medical attention is needed, I understand that it will be necessary to have the student picked up by a parent, guardian, or other approved designee.

Parent’s/Guardian’s signature

Date

Parent/Guardian Consent to Dispense Over-the-Counter Medications (if desired)

Frankford Friends School’s policy is to dispense acetaminophen (Tylenol) or ibuprofen (Motrin) *only* for children 12 and over, provided by and with the signed permission of a parent/guardian. A note will be sent home for the parent/guardian, communicating what has been dispensed and when. If you wish the school to administer over-the-counter medication, please **return the medication with this form** and complete the information below:

Name of Medication	Dosage	When to Administer

Parent’s/Guardian’s signature

Date

**PLEASE COMPLETE PAGE 1 AND PAGE 2 OF THIS DOCUMENT
AND RETURN TO SCHOOL BY JULY 30**