

**KATONAH-LEWISBORO SCHOOL DISTRICT  
2017-2018**

**HEALTH EMERGENCY INFORMATION**

Student Name\_\_\_\_\_ School\_\_\_\_\_ Grade\_\_\_\_\_ Home Phone \_\_\_\_\_

Address\_\_\_\_\_ Birth date \_\_\_\_\_  
(Format: mm/dd/yyyy)

City\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian#1 Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone\_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian#2 Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone\_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an illness or injury, school personnel are legally responsible for first aid only. It is the school policy to notify parents when home care or immediate medical care is indicated.

Date of Last Physical Exam\_\_\_\_\_ (Format: mm/dd/yyyy)

Physical exams are required for grades K, 2, 4, 7, 10 and all new entrants.

Doctor's Name\_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name\_\_\_\_\_ Phone \_\_\_\_\_

If you are not reachable please provide information about who we may contact. This contact should be local and willing to pick up your child. Please remember to keep all numbers current.

Name of Friend – Relative\_\_\_\_\_ Phone \_\_\_\_\_

Name of Friend – Relative\_\_\_\_\_ Phone \_\_\_\_\_

**Specific Medical Problem, Medication or Allergy**

\_\_\_\_\_

This information may be shared with appropriate staff.

**Parent or Guardian Signature**\_\_\_\_\_