

**Masconomet Regional School District**

**Emergency Information**

**Student Information:**

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Unlisted: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Guardian info:** *If desired, please circle the guardian who should be contacted first.*

**Name:** \_\_\_\_\_ **\*\*Legal Custody:** (\_\_\_\_) **Physical Custody:** (\_\_\_\_)  
**Relationship:** \_\_\_\_\_ **Lives With:** (\_\_\_\_) **Not Allowed to Pick-up:** (\_\_\_\_) **\*\*\*If no, see below:**  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Unlisted:** \_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **\*\*Legal Custody:** (\_\_\_\_) **Physical Custody:** (\_\_\_\_)  
**Relationship:** \_\_\_\_\_ **Lives With:** (\_\_\_\_) **Not Allowed to Pick-up:** (\_\_\_\_) **\*\*\*If no, see below:**  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Unlisted:** \_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **\*\*Legal Custody:** (\_\_\_\_) **Physical Custody:** (\_\_\_\_)  
**Relationship:** \_\_\_\_\_ **Lives With:** (\_\_\_\_) **Not Allowed to Pick-up:** (\_\_\_\_) **\*\*\*If no, see below:**  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Unlisted:** \_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**\*\*If custody has changed, please provide the most up-to-date document from Probate & Family Court.**

**\*\*\*If parent/guardian cannot have contact w/student, please provide copy of appropriate legal document (i.e. 209A, Probate Order, etc.)**

**Medical Information:** *In the event of an emergency, medical treatment (including transportation to the hospital) will be initiated immediately. The following information is requested, in case a parent cannot be reached.*

**Physician:** \_\_\_\_\_ **Physician Phone:** \_\_\_\_\_  
**Hospital:** \_\_\_\_\_ **Hospital Phone:** \_\_\_\_\_  
**Insurance Provider:** \_\_\_\_\_ **Provider #: (optional)** \_\_\_\_\_  
**Dentist:** \_\_\_\_\_ **Dentist Phone:** \_\_\_\_\_  
**Emergency Contact 1:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Emergency Contact 2:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***Please circle any/all of the following that apply:***

Diabetes      Seizures      ADD      ADHD      Migraines      Depression      Anxiety      Asthma

**Allergies (to what):** \_\_\_\_\_ **Other (specify):** \_\_\_\_\_

***Please list any medications that your student takes:*** \_\_\_\_\_

**I give permission for the nurse to administer over-the-counter medications** (Ibuprofen, Acetaminophen, cough drops, Hydrocortisone cream, Benadryl, Turns and Bacitracin) except as noted here: \_\_\_\_\_.

"I understand that this information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know basis" and with a limited number of other persons, including those who could help in an emergency. In other circumstances, my consent will be required. I give permission to exchange information with my child's PCP, I understand that I can limit or revoke this consent at any time.

**The Undersigned certifies the information on this card is correct.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_