

Bourne Public Schools

Health Office - Student Emergency Form

Name: (LAST) _____ (FIRST) _____ (MI) _____ Nickname: _____
Date of Birth: _____ SEX: _____ Bus # _____ Grade: _____ Teacher: _____
Street: _____ Town: _____ ZIP: _____
Mailing Address (if different): _____
Primary Language: _____
Parent/Guardian: _____ Home Phone: _____ Cell#: _____
Employer: _____ Occupation: _____ Work #: _____
Parent/Guardian: _____ Home phone: _____ Cell#: _____
Employer: _____ Occupation: _____ Work #: _____

Name and age of Siblings:

1. _____ 3. _____
2. _____ 4. _____

Student lives with: _____ Both Parents _____ Mother Only _____ Father Only _____ Guardian

IF PARENTS CANNOT BE REACHED, list **TWO** alternatives who will assume responsibility and transportation from school.

Name/Relationship: _____ Phone #: _____
Name/Relationship: _____ Phone #: _____

IN CASE OF EMERGENCY, the school will attempt to contact the parents/guardian before calling the emergency medical system. Your child will be transported by ambulance to an emergency care facility if necessary.

Family Doctor: _____ Phone: _____ Last seen: _____
Family Dentist: _____ Phone: _____ Last seen: _____

Does your child have Health Insurance? **YES -NO** Company _____ Policy# _____
Does your child have Dental Insurance? **YES- NO** Company _____ Policy # _____

IF YOU HAVE NO HEALTH INSURANCE, Massachusetts has health insurance plans that will provide uninsured children affordable health care. Any child or teen up to the age of 19 without insurance in Massachusetts is eligible for either Mass Health or the Children's Medical Security Plan. Please contact the school nurse for more information.

Please check **ALL** that apply to your child: **ADHD** _____ **Asthma** _____ **Diabetes**: _____ **Migraines**: _____ **Seizures**: _____
Other: _____

Allergies to food, medications, etc. (**SPECIFY**) _____ **Bees?** _____

Does your child take any **Medications?** (**SPECIFY**) _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give my permission to exchange information with my child's physician for the purpose of referral, diagnosis, and treatment as needed. In the event of an emergency I give permission to transport my child to the nearest hospital via ambulance.

Parent /Guardian Signature _____ **Date:** _____