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. **Please check** hospital of choice. (We will try to honor your choice)
Falmouth Hospital: ____ **Cape Cod Hospital** ____ **Jordan Hospital**: ____ **Tobey Hospital**: ____

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:** _____