

# Emergency Contact Information

## Secondary Students

Independent School District 196  
Rosemount - Apple Valley - Eagan Public Schools

Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Male  Female

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Home Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_  Unlisted Birthdate \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CODE (relationship to student)	
F = Father	G = Guardian
M = Mother	X = Self
S = Step parent	GP = Grandparent
P = Foster parent	
O = Other _____	

**Parent or Guardian Information**

1. (Last name, First name) \_\_\_\_\_ CODE \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email: \_\_\_\_\_

2. (Last name, First name) \_\_\_\_\_ CODE \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email: \_\_\_\_\_

List **two** neighbors or relatives who will assume temporary care of child if you cannot be reached:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

In case of serious accident or illness and I cannot be reached, I authorize Dr. \_\_\_\_\_ to give necessary treatment. You may call him/her at phone (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

**Severe allergies** (i.e., to bee stings, peanuts, milk, etc.) \_\_\_\_\_ **Describe** \_\_\_\_\_  
Med. Asst. Eligible  No  Yes

**Current medical information** to be added to health record, i.e., immunization, illness, surgery \_\_\_\_\_

**Significant chronic health concerns** (diabetes, etc.) **and current medication(s)** \_\_\_\_\_

**PERMISSION**  
The District 196 school nurse has permission to administer to my child:

Yes  No  acetaminophen (generic Tylenol)  
  Ibuprofen

To Parent or Guardian:  
Your student's welfare is our first consideration. In case of the serious injury or illness of a student in school, the following steps will be taken immediately: The school nurse will be called; emergency line 911 will be called, if deemed necessary, and you or the person designated on this emergency card will be called. If none of the persons listed can be reached, school personnel will implement emergency procedures to protect the health and safety of your student. It is your responsibility to make arrangements for proper care in case your student is injured or becomes too ill to stay in school when you are away from home.

There have been instances when we could not reach parents or guardians of injured or ill children because this card was not accurate. Please complete this card so we can keep our records up-to-date and initiate emergency care quickly. If there are any significant changes in your student's health, please call to keep the school nurse informed.

**X** Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SELF-ADMINISTRATION OF NON-PRESCRIPTION PAIN MEDICATION FOR 7<sup>th</sup> - 12<sup>th</sup> GRADE STUDENTS ONLY**

My 7<sup>th</sup> - 12<sup>th</sup> grade student has my permission to self-administer non-prescription pain relief subject to the conditions below:

- I understand the medication must be in its original container.
- I have determined that my student is knowledgeable in the proper dosage, use and administration of this medication in a manner consistent with labeling.
- I understand that if school administration determines these rules have been abused, the school may revoke this privilege.
- I understand that my student may not possess pain relievers containing ephedrine or pseudoephedrine.
- I understand my student cannot share this medication with other students.

**X** Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DATA PRIVACY ADVISORY**  
The information you provide is classified as private data. Pursuant to Minnesota Statutes 13.04, Subd. 2, you are hereby informed that the information supplied on this form may be used by school personnel that have a need to know the information. This may include teachers, principals, nurses or other school staff. You are not legally required to provide the information requested in this form, however failure to supply requested information may inhibit emergency procedures. In the event of an emergency, the information supplied on this form may be shared with other public and private individuals including, but not limited to, law enforcement personnel, doctors or paramedics, or listed emergency contact persons.