

**UPPER TOWNSHIP MIDDLE SCHOOL
EMERGENCY FORM**

NAME _____ GRADE _____

ADDRESS _____ TOWN/ZIP _____

HOME PHONE _____ EMAIL ADDRESS _____

FATHER'S NAME WORK NUMBER CELL PHONE

MOTHER'S NAME WORK NUMBER CELL PHONE

**IF I CANNOT BE REACHED PLEASE CONTACT THE FOLLOWING PEOPLE
TO TAKE MY CHILD HOME:**

NAME RELATIONSHIP NUMBER

NAME RELATIONSHIP NUMBER

LIST SIBLINGS ATTENDING SCHOOL IN THIS DISTRICT:

NAME GRADE SCHOOL

NAME GRADE SCHOOL

NAME GRADE SCHOOL

CHECK IF THE STUDENT HAS ANY OF THE FOLLOWING CONDITIONS:

___ HEART CONDITION: ___ RESTRICTIONS NO RESTRICTIONS ___
___ DIABETES ___ ASTHMA ON MEDS ___
___ SEIZURE DISORDER ___ ADVERSE DRUG REACTION/ALLERGIES
___ SEVERE ALLERGIES ___ VISION OR HEARING PROBLEM
___ GLASSES ___ CONTACTS ___ OTHER

THIS INFORMATION MAY BE SHARED WITH STAFF MEMBERS FOR YOUR CHILD'S PROTECTION
PLEASE EXPLAIN ANY MEDICAL CONDITIONS CHECKED ABOVE

**YES / NO: THE SCHOOL NURSE HAS MY PERMISSION TO CONTACT MY CHILD'S PHYSICIAN FOR
MEDICAL INFORMATION (Circle yes or no)**

**ALL OVER THE COUNTER AND PRESCRIPTION MEDICATIONS MUST HAVE A DOCTOR'S ORDER TO
BE GIVEN AT SCHOOL.**

(Parent Signature) DATE _____

PLEASE RETURN THIS FORM IMMEDIATELY.

VeAnn Sackett, RN
Middle School Nurse
628-3500 ext. 247