

# Medical and Emergency Information – Page 2

**It is very important that you provide complete information regarding the following questions.**

Note: Although you may have recorded this information in the past, we must have current and complete details **(in writing)** for these children for **this year**.

**Please do not assume that we already have the details we need to know about your child.**

**Explain any of the conditions listed on the front of this form. Provide complete details:**

CHILD'S NAME	TYPE OF ALLERGY ( <i>drug, food, insect, etc.</i> ) Or NAME OF MEDICATION Or SURGERY / DISEASE DESCRIPTION	If Allergy: Notes or special alerts (i.e. immediate emergency treatment; administer _____, etc.) If Medication: Notes (potential side effects, if must be administered at school, things to watch for, etc.) If Surgery or Chronic Disease: Other Information we should know	If this child has any of the following difficulties or limitations about which the school should be informed, please check and explain: (If more space is needed, attach an additional sheet of paper.)
			<input type="checkbox"/> Vision:  <input type="checkbox"/> Hearing:  <input type="checkbox"/> Speech:  <input type="checkbox"/> Other Physical:
			<input type="checkbox"/> Vision:  <input type="checkbox"/> Hearing:  <input type="checkbox"/> Speech:  <input type="checkbox"/> Other Physical:
			<input type="checkbox"/> Vision:  <input type="checkbox"/> Hearing:  <input type="checkbox"/> Speech:  <input type="checkbox"/> Other Physical:
			<input type="checkbox"/> Vision:  <input type="checkbox"/> Hearing:  <input type="checkbox"/> Speech:  <input type="checkbox"/> Other Physical:

UNAUTHORIZED PICKUP: ***If there is anyone with whom these students are NOT allowed to leave the BCS campus, list and explain:***